



FACE Insurance Services

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EXHIBITION QUESTIONNAIRE

Name of exhibition: _____

Dates of exhibition: _____

Name of organizing group: _____

Address: _____

Email Address: _____

Address where items are leaving: _____

Location of exhibition (Venue): _____

What type of construction at Venue: _____

Is the Venue alarmed? _____ Details: _____

Is the Venue sprinklered? _____ Are there guards on the premises? _____

Total value of Exhibition? \$ _____ Highest valued item(s)? \$ _____

Who will be installing the artwork at the venue? _____

Who will be doing the packing and shipping? _____

Method of transportation: _____

Is Transit Coverage required? _____

PLEASE FORWARD A TYPED LIST INCLUDING TITLE, MEDIUM AND VALUE OF EACH PIECE.

Signature: _____ Date: _____ Tel: _____

Comments:
