



FACE Insurance Services

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License number #0H16055

FINE WINE INSURANCE PROGRAM

I. APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Email Address: _____ Occupation: _____

II. LOCATION(S) OF STORAGE *(Copy and complete this section for additional residences where wine is stored and attach to application. See below for public warehouse section if applicable.)*

Residence Address: _____ City, Zip: _____

Owned or Leased Dwelling? _____

Single attached, single unattached, or multi-unit structure? _____

What is the construction of the residence (wood frame, masonry, etc.)? _____

Is the residence equipped with a central station burglar/fire alarm and security system? No ___ Yes ___

If yes, name company: _____

If no, what type of security do you have in place? _____

Is the wine storage area climate controlled? No ___ Yes ___ If yes, please describe the type of climate control

equipment used: _____

What is the total value of wines stored at this location, as per the inventory schedule? \$ _____

Are wine racks used? No ___ Yes ___

Is netting attached to the racks? No ___ Yes ___

Do you have a backup generator? No ___ Yes ___

Is wine stored entirely in boxes/crates: No ___ Yes ___

Is wine stored in standing, refrigerated cabinet: No ___ Yes ___

Public Warehouse (Copy and complete this section as needed for additional warehouses and attach to the application)

Name of Warehouse: _____

Address: _____

Name of Warehouse Representative: _____ **Telephone #:** _____

What is the total value of wines stored at this location, as per the inventory schedule? \$ _____

How long have your wines been stored at this warehouse? _____

Are wine racks used? No ___ Yes ___

Is netting attached to the racks? No ___ Yes ___

Is there a climate control system? No ___ Yes ___

Please describe the security at the storage facility/warehouse: _____

III. INSURANCE/LOSS HISTORY

Has your wine collection been previously insured? _____ If so, by whom? _____

Have you had any property losses during the past three years? _____ If yes, please explain below:

IV. INVENTORY SCHEDULE(S) (Please provide a wine inventory list with your application).

Are the values listed on the inventory/schedule your own estimates or those of an appraiser? _____

Name of Appraiser: _____ **Date of Appraisal:** _____

Mailing Address: _____ **Telephone #:** _____

This application does not bind the applicant or the Company, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The applicant represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company of such changes.

I declare the answers in this application are, to the best of my knowledge and belief, true and complete and I agree that the insurance on scheduled wines shall become effective after the following conditions have been met:

1. The full amount of the annual premium has been paid; and
2. The Company has approved the application according to its established limits, rules and standards.

The Company is not bound by any statements made by or to any agent unless such statements are written in this application and accepted by the Company.

Acceptance of the policy, containing a copy of the application, by me is acknowledgment and ratification of any modifications made in the application, and that no change in the current values and limit of liability specified on the inventory schedule(s) and the total limit of liability in the aggregate over all locations will be made unless agreed to in writing by the Company.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signature of Applicant

Date