



FACE Insurance Services

140 Diamond Creek Place, Roseville, CA 95747

Tel: 855.922.0800 Fax: 866.400.4793

Email: info@faceins.com Web: www.faceins.com

License #0H16055

FINE ART DEALERS INSURANCE PROGRAM

Gallery's Name _____

Address: _____

Phone: _____ Fax: _____ Website Address: _____

E-mail Address: _____

Owner's Name: _____ Director's Name: _____

Number of Years in Business: _____ Number of Employees: _____

<u>Type and Nature of Dealer's Inventory:</u>	<u>% of \$ Inventory Value</u>	<u>% of Objects</u>
Paintings, drawings, etchings, etc.	_____	_____
Sculpture, non-fragile (bronze, metal, wood)	_____	_____
Sculpture, fragile	_____	_____
Ceramics	_____	_____
Glass	_____	_____
Rare books	_____	_____
Antiques, artist designed furniture	_____	_____
Other:	_____	_____

Type of Collections: (American, European, Contemporary, 18th Century, etc.): _____

<u>Average</u> Monthly Total Value of Inventory on Premises:	<u>Owned (selling price)</u>	<u>Consigned</u>
At Gallery:	_____	_____
At Other Locations (storage, etc.)	_____	_____

<u>Maximum</u> Monthly Total Value of Inventory on Premises:	<u>Owned (selling price)</u>	<u>Consigned</u>
At Gallery:	_____	_____
At Other Locations (storage, etc.)	_____	_____

Average Annual Sales for Past Three Years: _____

Are inventory records computerized? _____

Are inventory records also stored offsite? _____

Limits:

Current:

Requested:

At Named Premises _____

Earthquake/Windstorm Coverage? _____

Art Fairs/Shows/Exhibitions _____

of shows per year _____

Transit/Any Other Location (USA/Canada/intl.) _____

Premium _____

Deductible _____

Deductible (EQ/Windstorm) _____

Effective Date of Coverage: _____ Current Insurance Company: _____

Other Named Locations: (Describe use, etc.):

1. _____

2. _____

Losses over last five years (amount, year & description of loss): _____

Construction and Fire and Security Protection at *Named Premise*:

Address (include zip code): _____

Construction Type: _____ Year Built: _____

Is premises retrofitted for earthquake: _____ Extent? _____

Storm shutters? (Windstorm only): _____ Extent? _____

Burglary/Fire Protection: Is premises protected by a Central Station Burglar/Fire Alarm? Yes ___ No ___

Extent of Protection: _____ Name of alarm company: _____

Construction and Fire and Security Protection at *Secondary Premise*:

Address (include zip code): _____

Construction Type: _____ Year Built: _____

Is premises retrofitted for earthquake: _____ Extent? _____

Storm shutters? (Windstorm only): _____ Extent? _____

Burglary/Fire Protection: Is premises protected by a Central Station Burglar/Fire Alarm? Yes ___ No ___

Extent of Protection: _____ Name of Alarm Company: _____

Date of last inventory: _____ Highest Priced item for sale: _____

Average price of items for sale: _____ How is inventory valued: _____

Who does the gallery's packing? _____

Has your insurance been cancelled, declined or non-renewed? _____ If so, why? _____

	<u>Domestic (USA/Canada)</u>	<u>Overseas</u>
Estimated Annual Sendings/Shipments (\$):	_____	_____
Approximate Breakdown of Conveyance (\$):		
Fed Ex:	_____	_____
UPS:	_____	_____
Express Carrier:	_____	_____
Professional Packers/Movers:	_____	_____
Registered Airmail:	_____	_____
Own Vehicle:	_____	_____
Others (provide details):	_____	_____

If Overseas Sendings apply, which countries are shipments regularly sent?

_____/_____/_____

Applicant's Signature & Date