

FACE INSURANCE
140 Diamond Creek Place
Roseville, CA 95747

FACE INSURANCE - MONTANA
P.O. Box 69
Columbia Falls, MT 59912

COMMERCIAL INSURANCE APPLICATION

PROPOSED EFFECTIVE DATE: _____

GENERAL INFORMATION

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact's Name: _____ FEIN#: _____

Phone Number: _____ Fax: _____

E-Mail Address: _____ Web Site: _____

Years in Business: _____ Years Experience: _____ Entity: Individual Partnership Corporation
 Other _____

Description of business/operations (Include Brochures): _____

Annual Revenue (Gross): \$ _____
 Museum Art Gallery Conservator
 Art Dealer Wholesale Retail
 Other (describe): _____

Liability Limit Requested: \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000

LOCATION INFORMATION

IF MORE THAN ONE LOCATION, PLEASE COMPLETE FOR EACH LOCATION.

Location 1 (If different from mailing): _____

City: _____ State: _____ Zip: _____

Interest of Insured: Owner/Occupant Lessor Tenant

Building Construction: Frame Joisted Masonry Masonry Non-Combustible
 Non-Combustible Fire Resistive

Building Age*: _____ Number of Stories: _____ Total Area (SF): _____ Sprinklers: Yes No

*If Building over 30 years, date and extent of renovation or upgrades for: Wiring: _____

Plumbing: _____ Heating: _____ Roof: _____

Square Foot Occupied: _____ Occupancy: Retail Wholesale Storage Office

Other Occupancies: _____

Building Limit: \$ _____ Contents Limit (Excluding Fine Art) \$ _____

Business Income/Extra Expense: \$ _____ Rental Income: \$ _____

Computer Hardware: \$ _____ Software: \$ _____ Accounts Receivable: \$ _____

Mortgage Company/Landlord/Loss Payee (Name & Address), include item for reference/Loan or Account #:

Certificate Holders/ Additional Insureds (Name & Address) Include project or reason: _____

Safe on Premises? Yes No Exterior Doors with Deadbolts? Yes No

Frequency of Bank Deposits: _____

Exterior Lighting: Front Back Wire Mesh or Bars: Doors Windows

Security Guards? Yes No Alarms: Fire Burglary

Type: UL Central Station Line Security Police Department Connection

UL Local Monitoring Company: _____

UL Certificate Number: _____ Expiration Date: _____

WORKERS' COMPENSATION

Required by State Law if you have Employees (Complete for each classification of duties)

<u>Classification</u>	<u># of Employees</u>	<u>Annual Remuneration</u>
Art/Retail	_____	_____
Art/Wholesale	_____	_____
Clerical/Office	_____	_____
Outside Sales	_____	_____
Museum Professionals	_____	_____
Museum/Others (security)	_____	_____
Other:	_____	_____
Officers (if Corporation)	_____	_____

ERISA BOND/EMPLOYEE DISHONESTY

Limit Requested: \$10,000 \$25,000 \$100,000 \$500,000 Other: _____

Pension Plan (401K) Name: _____

Current Plan Assets: \$ _____

UMBRELLA LIABILITY

Umbrella Liability Option: \$1,000,000 \$2,000,000 \$3,000,000
 \$5,000,000 Other: _____

OTHER GENERAL INFORMATION

Current Insurance: *(If no insurance is in force, please explain and detail any possible losses or claims that might have been covered under a policy. If there has been no such losses, please state "No Known Losses." Should be on letterhead and signed by owner/officer.)*

<u>Type of Policy</u>	<u>Insurance Company</u>	<u>Policy Number</u>	<u>Expiration Date</u>	<u>Premium</u>
Package/BOP	_____	_____	_____	_____
Fine Arts	_____	_____	_____	_____
Worker's Comp.	_____	_____	_____	_____
Umbrella	_____	_____	_____	_____
Automobile*	_____	_____	_____	_____

**Automobiles – For owned autos, please ask for separate application.*

Loss History: *(Attach Loss History from prior carrier, if available, or use separate sheet for loss details.)*

<u>Date of Loss</u>	<u>Type of Loss/Description</u>	<u>Amount Paid</u>	<u>Open/Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

New York Fraud Statement

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 FRADULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Signature: _____ Title: _____ Date: _____

PLEASE SIGN AND RETURN TO:

FACE INSURANCE - Fine Art & Collectibles Enterprises
 submissions@faceins.com OR Fax 866-400-4793