



APPLICATION FOR FINE WINE INSURANCE  
(Please complete carefully. This application forms part of your policy.)

**I. APPLICANT INFORMATION**

Applicant's Name:

Mailing Address:

Occupation:

**II. LOCATION(S) OF STORAGE** – Complete the applicable section(s) for all locations where insured wines will be stored.

Primary Residence

Address:

Owned or leased dwelling?

Single attached, single unattached, or multi-unit structure:

What is the construction of the residence?

Is the residence equipped with a burglar alarm or security system?    No            Yes            If yes, please describe.

Is the residence equipped with a fire detection or alarm system?    No            Yes            If yes, please describe.

Please describe the location and construction of the wine storage area.

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 attached inventory schedule?    \$

Secondary Residence (Copy and complete this section as needed for additional residences and attach to the application.)

Address:

Owned or leased dwelling?

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

# QBE Specialty Insurance

What is the construction of the residence?

Is the residence equipped with a burglar alarm or security system?    No                      Yes                      If yes, please describe.

Is the residence equipped with a fire detection or alarm system?    No                      Yes                      If yes, please describe.

Please describe the location and construction of the wine storage area.

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

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

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 Number:    (    )

How long have your wines been stored at this warehouse?

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

### For all locations where wine will be stored

Are wine racks used?	
Is netting attached to the racks?	
Do you have a backup generator?	

### III. LOSS HISTORY

Have you had any wine losses during the past three years?    No                      Yes                      If yes, please explain.

Have you had any property losses during the past 3 years?    No                      Yes                      If yes, please explain.

### IV. INVENTORY SCHEDULE(S) (NOTE: The attached inventory schedule form must be completed in full for each location of storage listed in Section II, LOCATION(S) OF STORAGE.)

Are the values listed on the attached inventory schedule(s) your own estimates or those of an appraiser?

Date of appraisal and name of appraiser, if applicable:    Date of Appraisal:

Name of Appraiser:

Telephone Number:    (    )

Mailing Address:

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This application does not bind the applicant or the Company, but is agreed that this form shall be the basis of the contract of 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 all the following conditions have been met:

The full amount of the annual premium has been paid; and

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.

The 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.

**ADVICE 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.**

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Signature of Applicant

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Social Security Number

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Date