

**To participate in the WSSA Marine Insurance Program,
please complete the following on your company's letterhead and
return to WSSA:**

WINE AND SPIRITS SHIPPERS ASSOCIATION, INC.
111 COMMERCIAL STREET, SUITE 202
PORTLAND, ME 04101

(Date)_____

We hereby request to be recorded as a participant in the WSSA Marine Insurance Program effective on_____.

We undertake to declare all of our Direct Import shipments, which require marine insurance coverage. We will submit reports on a monthly basis.

Please select deductible/rate option of choice: Option 1 - \$1,000 deductible

Will you require coverage on duty/taxes? Yes No

Will you require coverage on Optional Temperature Coverage? Yes No

For your information, our most recent marine insurance policy was written by (complete with name of your most recent underwriters)_____ and our premium was \$./\$100 value with a \$_____ deductible.

(Print Name and Title)_____

(Company)_____

(DBA-if applicable)_____

(Signature)_____

Questions: please call our Marine Insurance Department at 800-368-3167 or email at marine.insurance@wssa.com.