

**To participate in the WSSA Warehouse 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 Warehouse Storage Insurance Program effective on _____.

We undertake to declare on a monthly basis, the total value of goods stored at _____ warehouse located at _____.

We would like the first month of coverage to be _____, 2021 in the amount of _____ USD.

We understand that it will remain at that amount until we notify WSSA in writing of any changes.

Coverage will remain in good standing with submission of monthly declarations and payment of premiums to WSSA. At any time if the assured wishes to terminate coverage, 30 days' notice to WSSA must be given in writing.

(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.