



---

## Musical Instrument Application

### General Information

Named Insured:	
Customer Type (band, individual...):	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Location and address where instruments are kept, if different than above:	
Description of Operations:	

### Qualifying Questions

	Yes / No
Is the applicant in the business of renting equipment to others?	
Do you own the instrument(s) being scheduled on the application?	
Are you the primary user of the instrument?	
Are all of your instrument(s) being scheduled on the application?	
Do you leave your instrument(s) in a vehicle or trailer overnight?	
Do you buy and/or sell instruments more than one time per year?	
Do you have an appraisal/bill of sale less than 3 years old for each instrument over \$25,000?	



## Musical Instrument Application

### Recording Studios Only

Studio is located in a home or commercial building?:	
	Yes / No
Do you take equipment/gear away from the studio?	
Is your studio equipment/gear located below ground?	

### Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss

	Yes / No
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium

### Security

Alarm Type:	
Alarm Monitoring Company:	
Other:	

## Musical Instrument Application

Effective Date: \_\_\_/\_\_\_/\_\_\_ (12 month coverage term)

### Inland Marine

Coverage	Limit	Deductible
Owned Equipment		
Editing/Post Production Equipment		
Recording/Studio Equipment		
Sound/Location Recording Equipment		
Musical Instruments/Band Equipment		
Camera/Production Equipment		
P.A./Sound Equipment		
Theatrical Equipment		
Props, Sets, Wardrobe		
Rented Equipment		
Camera, lighting, sound, etc.		
Props, Sets, Wardrobe		
Negative Film/Faulty Stock		
Extra Expense		
Office Contents		
Rental Reimbursement		
Equipment Rented to Others		NA
World Coverage Territory		NA

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE 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 THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_