

# Application for Musicians'

## Instrument, Equipment & Liability Coverage

Full Name of Insured:	Telephone Number:	AFM Local No:
Mailing Address (including Postal Code): Street _____ Town, Province _____ Postal Code _____		Member Number:
Member's E-mail Address a/o Website Address:		
If you are a member of a group, provide the name of the group:		Number in Group:
Previous Insurer:	Policy Number:	Expiry Date:
Previous insurance declined or cancelled? (If yes, Please provide full details):		
Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide full details, including date, type of loss, amount paid and outstanding):		

### Insurance Coverage Requirements List each instrument or piece separately. Attached separate sheet, if necessary

Description of Item	Quantity Set	Make, Model & Serial Number	Total Replacement Cost

	Total Replacement Cost of all Instruments & Equipment		
	Multiply by \$2.75 for every \$100 of value	X \$2.75	
	Total Instrument / Equipment Premium		
	Liability Limit \$1,000,000 = \$25 multiplied by No. of members	X \$25	
	Liability Limit \$2,000,000 = \$50 multiplied by No. of members	X \$50	
	Total Policy Premium:		
	Applicable Provincial Taxes:		
	<b>Total Policy Premium</b> <small>(Please make cheque payable to HUB International Ontario Limited or provide credit card number &amp; expiry date below)</small>		

Visa Number	Expiry Date:	Mastercard Number:
<p>I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.</p>		
Signature:		Date:

