

Cabinet en assurance de dommages

INSTRUMENT AND STUDIO INSURANCE PROGRAM

1) Applicant’s Name:                                              Mr. Mrs. Miss N/A

2) SOCAN Member: No  Yes  Membership No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Address:                                                                  

City:                                Province:          Postal Code:      

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Accept delivery of insurance documents electronically at the above noted email address: Yes  No

5) Three (3) Year Loss History: If none

Type of Loss (i.e. Theft):

Date of Loss:

Amount Paid:

6) Desired Limits of Coverage (CDN$) Musical Instruments/Equipment:

Musical Instrument / Equipment Schedule (attach list if more room required):

**ITEM QUANTITY AMOUNT (CDN$)**

**Note**: Musical Instruments/Equipment Valuation is as follows:

* Musical Instruments/Equipment less than 5 years of age – Replacement cost
* Musical Instruments/Equipment 5 years of age or older with appraisal – Replacement cost
* Musical Instruments/Equipment 5 years of age of older without appraisal – Actual Cash Value

7) Commercial General Liability: Declined  $1,000,000 $2,000,000 Higher Limit:

8) Do you perform Rap music? Yes  No

9) Are you a classical musician? Yes  No.

month day year

10) Desired Effective Date of Coverage:     /    /

11) Are there any aggravating circumstances that the insurance company should be made aware of such as a

criminal record? Yes Non If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Note:** If any other coverage’s are required please contact our office and we would be happy to assist you.

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Signing this application does not bind the applicant or Underwriters to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void. Any material change to the Company’s exposure must be reported prior to coverage applying. Applicant acknowledges and agrees that policy documentation when issued will be in English.

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company’s insurance business in Canada.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents a true statement of facts.

Date:

Applicant:

Signature of Authorized Representative:

Name:

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