

Musical Instrument Insurance Program

Huntington T. Block Insurance Agency, Inc.

Formerly brought to you by Merz-Huber

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APPLICATION FOR MUSICAL INSTRUMENT INSURANCE DEALERS, MAKERS, REPAIRERS & RESTORERS

New Business Renewal

1. Applicant name: _____ (Individual, Partnership, Corporation, Other)

Address: _____ City: _____

State: _____ Zip: _____ Day Phone: _____

Email: _____

2. Name of Principal: _____ Years in business: _____

3. In which trade organizations are you a member: _____

4. Shop located in: 1. A commercial building 2. In your home

5. a. Number of Stories _____ b. Floor(s) on which premises is located : _____

c. Number of entrances open to public: _____ d. Not open to public: _____

e. Total area of your premises: _____ square feet.

6. Construction of building? Frame Masonry Fire Resistive

7. Year Built: _____ (if building is over 20 years old, advise below on when last updated)

Wiring/year: _____ Plumbing/year: _____

Roofing/year: _____ Heating/year: _____

8. Exposure/distance to the right of your premises: _____

9. Exposure/distance to the left of your premises: _____

10. Exposure/distance to the rear of your premises: _____

11. Do you maintain a burglar/fire alarm system reporting to a Central Station? Yes No

Alarm type: _____

(please send us a copy of the UL certificate or description of alarm from your alarm service company)

12. Fire Protection (smoke alarms, fire extinguishers, sprinklers) _____ Percentage Sprinklered _____%

13. Total annual payroll: \$ _____ Number of employees: _____

14. Total gross *retail* sales during the preceding 12 months: \$ _____

15. Total gross sales *from repairs & restoration* during preceding 12 months: \$ _____

16. Highest merchandise inventory during the last 12 months: \$ _____

17. Highest value *at any one time* of *property of others* in your care, custody and control during the past 12 months: \$ _____

18. Do you have a vault or safe on your premises for the higher valued instruments? Yes No

19. If yes, give name of maker and type of vault or safe with its fire protection rating

(information is on label usually inside door) _____

20. Has your instrument insurance ever been canceled for any reason? Yes No

21. If yes, please explain and give details: _____

22. Do you require "earthquake" protection? Yes No

23. Do you require "flood" protection? ("flood" is defined as the rising of navigable waters – all other water damage is covered by the policy) Yes No

24. Coverage and property limits required:

a. On property at your premises. (Yours and property of others): \$ _____

b. On property away from your premises in the care, custody, or control of you or your employees: \$ _____

c. On property in transit (ex. FedEx, UPS, overnight mail): \$ _____

d. On property not at your premises and not included above (on loan to customers): \$ _____

e. Replacement value on Furniture, Fixtures, and Office Supplies: \$ _____

f. Replacement value on Improvements by you as a Tenant: \$ _____

g. Replacement value on Machinery, Tools, and Fittings: \$ _____

h. Replacement value on Patterns, Dyes, Molds and Models: \$ _____

i. Replacement value of raw wood for instrument making on your premises: \$ _____

j. Valuable Papers (Business records including appraisals) \$ _____

25. Do you require World-Wide Coverage? Yes No

26. Prior Carrier Name/Number: _____

27. Prior Carrier policy period: _____

28. Any losses in the past 3 years (if yes, please describe): _____

29. Attach a three-year loss run (can be obtained from current agent)

I understand that an ALL RISK OF PHYSICAL LOSS OR DAMAGE insurance premium quotation for the above listed property will be promptly pursued by Huntington T. Block Insurance with an appropriately rated insurer.

Applicant signature: _____ Date: _____

IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

