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 INSURANCESymphony Orchestras and Bands

Name of Symphony Orchestra or Band:		
Contact Name:	Contact Title:	
Street Address:		
City:	State:	Zip:
Email:	Phone:	
1. Desired Coverage Effective Date: 12:01 a.	m. standard time at place of issuance	
2. Desired Deductible Amount (\$500 is the standard amount	t): \$1,000 \$2,500 \$5,000	Other:
3. Give circumstances of any Musical Instrument insurance lo	osses sustained during the past three	years (including amount):
4. If the Symphony Orchestra or Band presently carries Music insurance company:		
5. PLEASE ACCOMPANY THIS APPLICATION WITH THE FOLLO		
a. A list of current members		
 b. A list of instruments to be insured, with indicated value number(s) where applicable. 	es. Be sure to include bows, instrume	ent case(s) and serial
 Appraisals for any scheduled instrument with a value of months). 	\$25,000 or higher (Must have been o	btained within the last 12
I understand that ALL RISK OF PHYSICAL LOSS OR DAMAGE m promptly pursued by Huntington T. Block Insurance Agency,		
Applicant signature:	Date:	
T IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO NSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONME		



DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.