

Standard Form

Workbench Form

Heritage Insurance Services, Inc.

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MUSICAL INSTRUMENT DEALERS, MAKERS, REPAIRERS, RESTORATORS & APPRAISERS

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____ Phone () _____

Fax: () _____ E-Mail: _____ Web Site: _____

Name of Principal: _____ Years in business: _____ Corporate FEIN #: _____

Floor(s) on which premise is located: _____ Other Occupants in Bldg? _____

Number of entrances open to public? _____ Not open to public: _____ Do you share space? _____

Total area of your shop if tenant _____ Total area of building if building owner _____

Shop located in: commercial building your home

Construction of building? frame masonry fire resistant sprinklers

Age of Building _____, Approved Spray Booth, Yes or No

Building Updates (If older than 20 yrs) Wiring _____ Yr., Roofing _____ Yr., Heating _____ Yr., Plumbing _____ Yr.

In which trade organizations are you a member? _____

Total annual payroll? _____ Number of employees: _____

Total annual gross sales during preceding 12 months? \$ _____

% of Gross Sales from: Retail _____, Wholesale _____, Maker _____, Dealer _____, Rentals _____,
Repair/Restorations _____ Lessons _____, Internet Sales _____%

Highest merchandise inventory during the past twelve months was? \$ _____

Highest value at any one time of property of others in your care, custody & control during the past twelve months? \$ _____

Do you maintain a burglar or fire alarm system? Describe. _____

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

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

(information on label usually located inside door) _____

Has your instrument insurance ever been cancelled for any reason? Yes No

If yes explain: _____

Name of current insurance Company: _____ Policy #: _____

Coverage and property limits required:

(A) Musical Instruments ON your premises (owned/non-owned) \$ _____

(B) Musical Instruments OFF your premises (owned/non-owned) \$ _____

(C) Miscellaneous business property on your premises (Replacement Cost) \$ _____

(D) Musical Instruments in shipment – per shipment \$ _____ # of Shipments (per week) _____

Average value of shipment: \$ _____ Maximum value shipped: \$ _____

(E) Building or Structures (Replacement Cost) \$ _____

Have you sustained any losses in the past 5 years: Yes No If yes, explain: _____

Add'l Interest Type (Mortg/Loss Payee): _____

Fire Protection: Paid Fire Co. Volunteer Fire Co. Distance _____ miles

Water Source: _____ Stand Pipe: _____ Hydrants: Yes No

Other Fire Protection: _____

X: _____ DATE: _____

SIGNATURE

OFFICE USE ONLY:

Collateral Lines BOP Umbrella Auto Workers Comp

Blanket Limits Flood Ded: \$ _____ Quake Ded: \$ _____

Effective Date: _____ Premium: _____ Rate: _____ Ded: _____

Payment Plans: _____