



A culture of commitment. A tradition of trust.

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MUSICAL INSTRUMENT DEALERS, MAKERS, and REPAIR SHOPS

- 1. Applicant:
2. Address:
3. City: State: Zip: County: Phone:
4. Fax: E-Mail: Web Site:
5. Name of Principal: Years in business: Corporate FEIN #:
6. Who referred you to our agency?
7. Are you a: Corporation Sole proprietor Partnership Limited Liability Corp
8. Floor(s) on which premise is located: Other Occupants in Bldg:
9. Number of entrances open to public: Not open to public: Do you share space?
10. Total area of your shop if tenant: Total area of building if building owner:
11. Shop located in: commercial building your home
12. If you conduct your business at your home residence address, do you work in the house itself or do you have a stand-alone building on your property in addition to your home structure?
13. Construction of building: frame masonry fire resistant sprinklers
14. Age of Building: Approved Spray Booth
15. Building Updates (If older than 20 yrs) Wiring Yr., Roofing Yr., Heating Yr., Plumbing Yr.
16. In which trade organizations are you a member?
17. Do you have employees? Yes No If yes, # of Full Time: # of Part Time:
Annual employees payroll: \$
18. Total annual gross sales during preceding 12 months: \$
19. Gross Sales % from: Retail Wholesale, Maker Dealer, Rentals, Repair/Restorations Lessons, Internet Sales %
20. Do you maintain a burglary alarm system? Yes No If yes, local central station
Do you maintain a fire alarm system? Yes No If yes, local central station

21. 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)
- _____
22. Describe any other measures you take to secure/protect your instruments: _____
23. Has your instrument insurance ever been cancelled for any reason? Yes No If yes, explain: _____
- _____
24. Have you or your business sustained insurance loss to any musical instruments, accessories or equipment within the last 3 years? Yes No If yes, explain: _____
25. Have you or your business experienced a bankruptcy, tax lien, or gone into receivership within the last 5 years?
- Yes No If yes, explain: _____
26. Name of current insurance Company: _____ Policy #: _____
27. Highest merchandise inventory during the past twelve months: \$ _____
28. Highest value at any one time of property of others in your care, custody & control during the past twelve months:
- \$ _____
29. **Coverage and Property Insurance Limits Requested:**
- (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: \$ _____
30. Policy Deductible Options: \$500 \$1000 \$2,500 \$5,000
31. Add'l Interest Type (Mortgage/Loss Payee): _____
32. Fire Protection: Paid Fire Co. Volunteer Fire Co. Distance _____ miles
- Water Source: _____ Hydrants: Yes No Other Fire Protection: _____

X: _____ **DATE:** _____

SIGNATURE

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”