

The “Special Risk” Musicians Equipment Insurance Plan



Why do you need this plan?

As a professional musician, you depend on your instruments and equipment. Just think of the exorbitant costs of replacing that equipment. If your instruments are part of your business, homeowner’s and renter’s insurance will not protect you. If your equipment is lost, stolen or damaged, your homeowner’s and renter’s insurance probably will not help you.

With the “Special Risk” Musicians Instrument and Equipment Insurance Plan, your instruments and music-related equipment are protected wherever you go ... up to the replacement cost, but no more than the scheduled limit for each item. Your instruments and equipment are protected from vandalism, breakage, water, fire, lightning and theft ... no matter where you take your equipment!

If you are employed full-time, freelance, work out of your home or are self-employed, you need this “Special Risk” insurance to protect the large investment you’ve made in your equipment. Don’t let stolen or broken instruments or equipment hamper your artistry. Apply today for the “Special Risk” Musicians Equipment Insurance Plan designed for AFM members!

Special Features

- \$ 10,000 extra expense coverage to pay for the additional expenses when computer equipment is lost or damaged.
- Coverage for loss or damage to computer equipment.
- Claims based on actual replacement cost up to the scheduled amount.
- Coverage for theft and vandalism.
- Coverage for equipment when it is off the premises or in transit.
- Premium may be tax-deductible as a normal business expense.

Answers to your important questions

Q. What can I insure?

A. Virtually all of the musical equipment you own can be protected under this plan. That includes all instruments AND equipment used in conjunction with producing and recording music. Even items valued less than \$100 can be insured such as cables, instrument stands, even sheet music.

Q. Do I have to insure all my equipment?

A. No! You need only insure those items you want to insure ... or those you feel you need to insure.

With this program, you’re covered no matter where you take your equipment. So if you wanted to, you could insure just the equipment you take on location ... you’ll be covered while at a recording studio, concert hall or even while on vacation.

Q. Is there a deductible?

A. This plan is subject to a low deductible ... just \$100 for each loss.

Q. What will happen if I buy new equipment?

A. If your newly acquired equipment is less than 25% of your policy limit, you receive automatic coverage for up to 30 days when you purchase or take custody of the additional equipment. You have 30 days to notify the Insurance Administrator and you will then be billed for the additional insurance.

Should your newly acquired equipment exceed 25% of your policy limit – notify the Insurance Administrator immediately. You will be billed for the additional coverage.

Q. What exactly is “Special Risk” protection?

A. “Special Risk” means there are very few exclusions to your coverage. Unlike most plans, this coverage protects all the instruments and related equipment you choose to insure – including computers – from theft, breakage, water, vandalism, fire, lightning and other natural hazards. Your equipment is even covered in your car.

Q. If I have a covered claim for an item that must be replaced, do I receive the replacement value of the instrument?

A. Yes, as long as the insured amount for the item is equal to or greater than the replacement value. Because the values of better instruments appreciate, the replacement value may have risen since the instrument was last appraised.

Please Note: You should always keep all your receipts from the purchase of your equipment.

How to enroll:

1. Complete, date and sign the enclosed application. Be sure to list all the equipment you want to insure and the current replacement cost.
2. Calculate your premium following the formula provided within this brochure.
3. Make a photocopy of your application and put it with your other important insurance documents.
4. Mail your completed application and credit card authorization or check made payable to: (or for your convenience you may also pay with your VISA or MasterCard)

Mercer Consumer
P.O. BOX 14575
Des Moines, IA 50306-3575

Note: This plan is available only to U.S. members.

Disclaimer

This product description is for informational purposes only and does not provide a complete description of coverage terms, conditions, exclusions and limits. This coverage is underwritten by New Hampshire Insurance Company, a member company of American International Group.

Cover all your musical tools – including computer equipment!

Determine your annual premium:

Your first \$1,500 of equipment	\$2.20 per \$100 value
Replacement value in excess of \$1,500 value	\$1.00 per \$100

FOR EXAMPLE: If your equipment is valued at \$20,000, here is what your annual premium would be:

Your first \$1,500 (\$2.20 x 15)	\$33.00
The next \$18,500 (\$1.00 x 185)	+ \$185.00
Your total annual premium	\$218.00

NOTE: Minimum premium is \$75. Values in excess of \$10,000 per item, or \$100,000 in total value must be submitted for individual analysis; acceptance may be subject to additional information. There is no limit to the amount you can apply for.

This plan has been designed for members of the:

The American Federation of Musicians of the United States.

Affiliated with the A.F.L.-C.I.O.

Administered by:



Mercer Consumer,
A service of Mercer Health & Benefits Insurance Services LLC
P.O. BOX 14575
Des Moines, IA 50306-3575

Questions?

Call Toll-Free: 1-800-503-9230
Members can enroll online at www.afm.org

New Hampshire Insurance Company



AMERICAN FEDERATION OF MUSICIANS MUSICAL INSTRUMENT & EQUIPMENT INSURANCE PROGRAM APPLICATION

NOTE: RESIDENTS OF FLORIDA, IOWA, KENTUCKY, NEW JERSEY AND UTAH PLEASE CALL ADMINISTRATOR FOR CORRECT APPLICATION

HOW TO APPLY:

1. Complete, date and sign this application. List all the equipment you want insured and its current replacement cost.
2. Calculate your premium following the easy steps on the next page. There is no limit to the amount of insurance you can apply for. However, your application will be individually analyzed. Acceptance may be subject to additional underwriting information.
3. Mail your completed application and credit card authorization or check made payable to:

Mercer Consumer
 P.O. BOX 14575
 Des Moines, IA 50306-3575
 Questions: 1-800-503-9230
 Fax #: 515-365-6338

(Please Type or Print)

AFM-Q

1. Name of person and/or entity to be insured _____
2. Mailing Address and Premises Location _____
 City _____ State _____ County _____ ZIP _____
3. **AFM Local Number** _____ **Website** _____
4. Business Phone _____ Home Phone _____
5. E-mail Address (optional) _____ Fax # _____
6. **Please indicate which applies to you (applicant):**
 Individual Partnership Corporation LLP (Limited Liability Partnership) LLC (Limited Liability Corporation)
 If corporation, LLP or LLC applies, please indicate your FEIN: _____
7. What type of music business are you operating? Check all that may apply.
 Band Teacher DJ Sound Studio Producer Promoter Other, please describe _____
8. Location of equipment: residence office other
 Is this location equipped with a UL approved Central Burglar Alarm System? YES NO
 If yes, please forward a copy of the current UL Certificate.
9. If your equipment is financed, give name and address of lending institution _____
10. a) What is the total maximum dollar value of equipment taken off your premises at any one time? \$ _____
 b) Where is this equipment stored when off premises? _____
 c) Where is this equipment stored when it is not in use? _____

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

WWW

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

IMPORTANT: Signing this Application shall not constitute a Binder or obligate the Company to provide this insurance, but it is agreed this Application shall be the basis on which a policy may be issued. Coverage will become effective upon approval of this Application and receipt of your premium check.

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, is acting as the exclusive insurance agent and program manager for New Hampshire Insurance Company for this type of coverage, and not as your insurance broker. Alternative insurance products may be available in the insurance market place Mercer Consumer is only offering this selected insurer quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers or fees agreed to with our clients. We may also receive additional monetary and non monetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by logging on to www.personal-plans.com/disclosure, and entering the code o4795331 or you may call 1-888-206-5088.

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

AR Ins. Lic. #100102691
CA Ins. Lic. # 0G39709

Agent/Producer Name _____ License # _____

YOU MUST SIGN AND DATE THIS APPLICATION

Signature X _____ **Date** _____