

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

- **NEW!** Optional rider to cover **Business Income Loss** due to a forced performance cancellation or damage/loss of covered property by a covered cause of loss.

<u>Coverage Limit</u>	<u>Premium Charge</u>
\$ 500	\$ 50
\$1,000	\$100
\$1,500	\$150

- \$ 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.
- Low deductible of \$100 per claim.
- 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. The minimum annual premium is \$75.

Q. Do I have to insure all my equipment?

A. No. You may only insure the 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. 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.

Q. Can I cover custom-made or high value items?

A. Values in excess of \$50,000 per item or custom-made items require submission of an appraisal. Total value of \$100,000 or more for all items requires individual analysis; acceptance may be subject to additional information. There is no limit to the total amount of coverage for which you may apply.

Cover all your musical tools – including computer equipment!

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.

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.

It's Easy to Apply ...

1. Complete, date and sign the brief Application enclosed. Be sure to list all the equipment you want insured and its current replacement cost. (Make a photocopy of the application and refer to it at renewal time.)
2. Calculate your premium following the easy steps outlined on this page.
3. Follow the instructions on the application for Payment Option 1 to upload your completed application and enter your credit card information on our secure website.
4. Mail your completed application and check made payable to:
Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. BOX 14575
Des Moines, IA 50306-3575

Program Administrator:



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

Phone: 800-503-9230

Email: plsdsteam.service@mercer.com

Members may enroll online at www.afm.org

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

This brochure is not a contract of insurance but is a brief summary of the principal provisions of insurance contained in the policy.



AMERICAN FEDERATION OF MUSICIANS MUSICAL INSTRUMENT & EQUIPMENT INSURANCE PLAN 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 below. 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. Follow the instructions on the application for Payment Option 1 to upload your completed application and enter your credit card information on our secure website.
4. Mail your completed application and check made payable to:
Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. BOX 14575
Des Moines, IA 50306-3575

Customer Service: 1-800-503-9230

Please Type or Print

AFM-Q

1. Name of person and/or entity to be insured _____
2. Mailing Address _____
City _____ State _____ County _____ ZIP _____
3. Website _____
4. Business Phone _____ Home Phone _____
5. E-mail Address (optional) _____ Fax # _____
6. AFM Membership Number: _____
7. 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: _____
8. What type of music business are you operating? Check all that may apply.
 Band Teacher DJ Sound Studio Producer Promoter Other, please describe:

9. Location of equipment: residence office other: _____
Is this location equipped with a UL approved Central Burglar Alarm System? YES* NO
* If yes, please provide a copy of the current UL Certificate.
10. If your equipment is financed, give name and address of lending institution _____
11. 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? _____

BE SURE TO COMPLETE ALL QUESTIONS AND SIGN LAST PAGE

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12. List any losses to your equipment during the past 3 years including dollar amount:

Check here if none _____

13. Has any company refused or cancelled your insurance due to losses sustained? (Missouri applicants need not reply)

YES NO If yes, provide the name of the insurance company: _____

14. Is your equipment currently insured? YES NO NO PRIOR COVERAGE

(If yes, please complete the table below for the past 3 years.)

Effective Date	Expiration Date	Insurance Company	Annual Premium

15. Do you currently have any policies covering your music business? YES NO N/A

(If yes, please complete the table below.)

Effective Date	Expiration Date	Insurance Company	Policy Number

HOW TO CALCULATE YOUR PREMIUM

Your first \$1,500 of equipment – \$2.20 per \$100 value Over \$1,500 of equipment – \$1.00 per \$100 value

Optional Business Income Loss Coverage Levels:

\$500 limit/\$50 charge; \$1,000 limit/\$100 charge; or \$1,500 limit/\$150 charge

Example: Value of equipment to be insured is \$20,000, and you purchase \$500 of optional business income loss protection, your annual premium would be:

Your first \$1,500 [(\$1,500/\$100) x \$2.20]	\$ 33.00
The next \$18,500 [(\$18,500/100) x 1.00]	+\$185.00
<i>Optional Business Income Loss Rider</i>	+\$ 50.00
<hr/>	
Annual Base Premium Total	\$268.00
TRIA (Terrorism) Premium (1%) (Multiply by 1.01)	\$270.68
State Surcharge (New Jersey – 0.06%) (Multiply by 1.006)	\$272.30

Annual Policy Premium Total (KY residents call for tax rates) NJ = \$272.30 | Countrywide = \$270.68

16. **SCHEDULE OF EQUIPMENT:** Use this listing to describe all equipment you wish to insure.

(If additional space is necessary, please attach an additional sheet with your name on it)

<u>Description</u> (Include manufacturer's name and model number)	<u>Identification/Serial Number</u>	<u>Replacement Cost</u>
	<u>Per Item</u>	<u>Per Item</u>

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17. To calculate your premium, complete the following (Example Above - How to Calculate Your Premium):

- A. Total replacement value of equipment \$ _____
- B. Annual Base Premium (NOTE: See above - Minimum premium is \$75) \$ _____
- C. *Optional* Business Income Loss Coverage Premium(select above if desired) \$ _____
- D. Annual Base Premium Total (Add B +C) \$ _____
- E. TRIA (Terrorism) Premium (1%) (Multiply D x 1.01) \$ _____
- F. State Surcharge (NJ & KY only, otherwise skip F) \$ _____
 - New Jersey residents (NJPLIGA is 0.06%) (Multiply E by 1.006)
 - Kentucky residents, please call for tax rates
- G. POLICY PREMIUM TOTAL - AMOUNT ENCLOSED** \$ _____

PAYMENT OPTIONS

Option 1: Upload form to pay with debit/credit card at MercerSecure.com

If you choose to pay by credit card, please visit www.mercersecureservice.com/6070 to enter your credit card information and upload this form.*

**Submission of your credit card information to mercer does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer. Payment will be processed upon review and acceptance of your submission.*

Total Amount Authorized: \$ _____

Option 2: Mail form with check payment

Enclosed is my check for \$ _____ Effective Date Desired* _____

*May not be earlier than the date the administrator receives and approves this application.

Make check payable to Mercer Consumer. Return your check and the application in the envelope provided.

Mailing Address:

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

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

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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 FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

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 OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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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.

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 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* ("Mercer Consumer") 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.

**AMERICAN FEDERATION OF MUSICIANS
MUSICAL INSTRUMENT & EQUIPMENT INSURANCE PLAN APPLICATION**

By my Signature hereon, I certify that:

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE AND THAT NO INSURED, OR ANY OTHER INDIVIDUAL WHO IS RESPONSIBLE FOR PROVIDING NOTICE UNDER THE POLICY, HAS GIVEN NOTICE OF ANY CLAIM OR PROVIDED SPECIFIC FACTS OR CIRCUMSTANCES WHICH MIGHT GIVE RISE TO A CLAIM BEING MADE AGAINST THE INSURED UNDER ANY POLICY FOR WHICH THIS POLICY IS A REPLACEMENT OR ANY PRIOR POLICY PROVIDING SIMILAR INSURANCE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

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 insurance act which is a crime, and subjects such person to criminal and civil penalties.

For Utah Applicants only, the following applies:

The Application and all relevant documents will be attached to the policy at the time of delivery.

To accept the statement on this page and proceed with your application, the application must be signed and dated below.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Agent/Producer Name: Mark Brostowitz **License Number:** 369380

Program Administrator:

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

AR Insurance License #100102691
CA Insurance License #0G39709

Underwritten by:

New Hampshire Insurance Company
Granite State Insurance Company
Illinois National Insurance Co.
Member companies of American International Group, Inc.

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