

Instrument Insurance

Quick Quote Form

(The information requested on this form will allow us to request a premium indication from multiple insurance carriers on your behalf. Should you choose to accept one of these quotes, a formal application with your signature will need to be completed)

Your Name _____

Mailing address: _____

Home address if different: _____

Business address (if applicable to instruments) _____

Phone number _____ Fax number _____ Email _____

Full Legal Name of Business (if applicable) _____

Business Entity: LLC __ Sole Proprietor __ Partnership __ Corporation __ DBA __ Other _____

Federal ID Number _____

Date your current business entity started (if applicable) _____

Current instrument insurance carrier _____

Current instrument insurance premium _____ Expiration date of current policy _____

Date quote is needed by _____

Have you had any losses or claims regarding any instrument in the last 5 years? _____

If yes, please give a description of the loss, the date of the loss, the amount paid and whether the claim is now open or closed. _____

Instrument	Value	Serial number	Description	Purchase Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For businesses or individuals with a large instrument schedule, please attach additional lists as needed or call our office at 800-942-5818 and speak to a music insurance specialist.