



AMERICAN FEDERATION OF MUSICIANS

Musicians' Liability Insurance Plan.... providing aggregate coverage up to \$2,000,000 each year!

The Solution for Musicians' Liability Risk

Many facilities now require musicians to provide their own liability insurance when performing on site. This may leave you to pay hefty premiums for "special events coverage" to the few insurance companies that will actually cover you. The American Federation of Musicians offers you an economical and convenient solution . . . the Musicians' Liability Insurance Plan.

Comprehensive Coverage

This policy provides up to \$1,000,000 for each occurrence and up to \$2,000,000 of aggregate coverage for lawsuits resulting from bodily injury and property damage for which you might be responsible. This includes coverage for claims of bodily injury, personal injury, property damage . . . even if the charges are false or fraudulent!

In addition to the \$2,000,000 of aggregate coverage, this Plan also pays all court and legal defense costs for a covered claim.

What Types of Lawsuits May be Covered by the Plan?

- Suits arising out of bodily injury which occurs on or off premises as a result of your performance.
- Suits arising out of damage to property of others resulting from your performance.
- Suits arising out of personal injury and advertising injury, including libel, slander, defamation of character, false arrest, invasion of privacy, detention and malicious prosecution.
- Suits arising out of product liability resulting from the sale of food and beverages at functions incidental to your business.
- Suits arising out of host liquor liability when serving or giving alcoholic beverages at functions incidental to your business.
- Suits arising out of real or alleged faults in work completed by or for your business which resulted in bodily injury or property damage.
- Suits arising from injury caused by the rendering of or failure to render health care services by non-professionals.
- Suits arising from fire damage legal liability for up to \$100,000.
- Defense against such suits even though the charges made are groundless, false or fraudulent.

Never Pay a Deductible!

There's no deductible! The AFM Musicians' Liability Insurance Plan does not require a deductible. All claims will be defended on a first-dollar basis — you won't have to pay a cent! Compare this Plan with similar coverage! Many insurance companies offer large deductibles to keep costs down, however, the Musicians' Liability Insurance Plan is already economical — even without a deductible option. Quality, economical insurance, made available to you through AFM group buying power.

Designed and Priced Just for You

This plan has been designed for those AFM members who operate as independent contractors. This includes individuals who perform alone or with a group.

Since no two AFM members have the same needs, the AFM Insurance Administrator designs each policy individually. By filling out the enclosed Premium Quotation Form, you will receive a quotation to fit your unique specifications. Costs vary by state of residence and annual gross receipts.

It's Easy to Apply:

1. Complete, date and sign application enclosed. Be sure to fill out all questions thoroughly.
2. Email or mail your completed application to the Administrator.
3. Upon approval, the Administrator will send you your premium quotation. You are under no further obligation.

Program Administrator:

Association Member Benefits Advisors, LLC.
P.O. BOX 14542
Des Moines, IA 50306

Phone: 800-503-9227

Email: plsdsteam.service@amba.info

Sponsored by:

American Federation of Musicians

This material explains the general purpose of the insurance but in no way changes or affects the policy that is actually issued. Complete details can be found in the insurance policy.

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.

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PLP-AFM



AMERICAN FEDERATION OF MUSICIANS LIABILITY INSURANCE PLAN APPLICATION
 (Please be sure to print or type and to sign the last page.)

NAME OF INDIVIDUAL OR GROUP: _____
PERSON TO CONTACT: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Work Phone: _____ **Fax#:** _____
Home Phone: _____ **Email:** _____
Website: _____

1. Are you a member of AFM? Yes No AFM Member #: _____
2. Coverage requested for: Individual Duet Trio Group
 * If you have band members that are independent contractors paid by 1099, they may need their own liability coverage.
3. Please indicate which applies to you (applicant):
 Individual Partnership Corporation LLP LLC
 If corporation, LLP or LLC applies, please indicate your FEIN/Tax ID: _____
4. Are you a: Part-Time Musician Full-Time Musician
5. Annual gross receipts (sales) for the past 3 years:
 Past year _____ 1st prior _____ 2nd prior _____ 3rd prior _____
6. List all members and instruments played: _____

7. TYPE OF PERFORMANCE PLAYED BY PERCENTAGE:
 Bars % School % Concerts (Tours) %
 Fairs % Country Clubs % Concerts (Venues)% Nightclubs%
 Weddings% Private Parties % Bar/Bat mitzvahs % Other (Specify) %

8. TYPE OF MUSIC YOU PLAY BY PERCENTAGE:
 Classical % Heavy Metal % Contemporary % Rock %
 Punk Rock % Dance (Mix) % Alternative % Dance (Big
 Rap % Jazz % R&B % Country Western
 Other (Specify) % Additional notes: _____

9. Have you had any liability losses in the past five years?
 Yes No (If Yes, please explain on a separate sheet of paper.)
10. Please provide your past 5-years of liability insurance policy history. If coverage was not in place, check "NONE."
 NONE

Insurance Company	Expiration Date	Annual Premium

11. Do you use fireworks or pyrotechnic devices in your performances? Yes No
12. Please explain use of other special effects _____



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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.

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 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.



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FRAUD WARNINGS (cont.)

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.

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.



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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.

The AFM Club Liability Insurance has been organized as a purchasing group (The Associations and Professional General Liability Purchasing Group), a not-for-profit corporation located and domiciled in the state of Illinois pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group when your completed Application has been approved and your payment has been received.

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 APPLY: Complete this application and mail or e-mail to:

**AMBA
P.O. Box 14542
Des Moines, IA 50306**

**Phone: 1-800-503-9227
Email: plsdsteam.service@amba.info**

Signature of applicant: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Agent/Producer Name: Brad Feller **License Number:** 4791507

Program Administrator:
Association Member Benefits Advisors, LLC.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0196562 | AR Insurance License #100114462

Underwritten by:
New Hampshire Insurance Company
Granite State Insurance Company
Illinois National Insurance Company

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