

# 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! **Make sure you state you are an AFM member and provide your member number on the application to ensure you're enrolled in the AFM Program!**

## Special Features

- 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 \$200,000 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.

### This plan has been designed exclusively for members of:

The American Federation of Musicians of the United States. Affiliated with the A.F.L.-C.I.O.

Enroll in membership online at [www.afm.org](http://www.afm.org)

### Program Administrator:



Association Member Benefits Advisors (AMBA)

P.O. BOX 14542

Des Moines, IA 50306

Phone: 800-503-9230 | Email: [plsdsteam.service@amba.info](mailto:plsdsteam.service@amba.info)

### 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 enclosed application. It is **required to include AFM and your member number** on the application. List all the equipment you want insured including current replacement cost value.
2. Calculate your premium following the easy steps outlined on this page.
3. Use one of the Payment Options provided below.

### How to Calculate Your AFM Equipment Insurance 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        |
| <b>Optional Business Income Loss Rider</b>    | <b>+\$ 50.00</b> |

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|   |                 |   |
|---|-----------------|---|
| <b>Annual Base Premium Total</b>  | <b>\$268.00</b> |   |
| <b>TRIA (Terrorism) Premium (1%) (Multiply by 1.01)</b>                       | <b>\$270.68</b> |   |
| <b>State Surcharge (New Jersey – 0.05%) (Multiply by 1.005)</b>               | <b>\$272.03</b> |   |
| <b>Annual Policy Premium Total (KY &amp; FL residents call for tax rates)</b> |                 | <b>NJ = \$272.03   Countrywide = \$270.68</b> |

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, & FL only, otherwise skip F) \$ \_\_\_\_\_
- New Jersey residents (NJPLIGA is 0.05%) (Multiply E by 1.005)
  - Florida & 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 AMBASecure.com

If you choose to pay by credit card, please visit <http://www.ambasecureservice.com/6070> to enter your credit card information and upload this form.\*

*\*Submission of your credit card information 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 your check payable to AMBA and return your check and the application to the address below.**

#### Mailing Address:

Association Member Benefits Advisors (AMBA)  
P.O. BOX 14542  
Des Moines, IA 50306

*Please note Mercer's Association business was acquired by Association Member Benefits Advisors (AMBA). As part of this transition, you may see both the Mercer and AMBA names/logos.*

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EQP-P-AFM

# EQUIPMENT INSURANCE PLAN APPLICATION

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1. Named Insured (person or entity to be insured): \_\_\_\_\_

2. Professional Association & Member Number (REQUIRED - if applicable): \_\_\_\_\_

3. Contact Person Name: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. Website: \_\_\_\_\_

6. Contact Person E-mail Address: \_\_\_\_\_

7. Secondary Email (optional): \_\_\_\_\_

8. Requested Policy Effective Date: \_\_\_\_\_

9. Applicant Type:

- Individual  Partnership  Corporation  LLP (Limited Liability Partnership)  LLC (Limited Liability Corporation)  
 Sole Proprietor

If corporation, LLP or LLC applies, please indicate your FEIN: \_\_\_\_\_

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

(If more than 10 items, please submit a separate document listing the below information for all items together.)

By checking this box, I affirm that I understand the following: This policy excludes coverage for all unmanned aircraft (drones) and mobile phones. If these items are included on my equipment schedule, I am required to remove them. There is no coverage under the policy for drones or mobile phones.

| Item # | Description<br>(include manufacturer's name and model #) | Custom-made?<br>(yes/no) | Identification/ Serial<br>Number (per item) | Replacement<br>Cost (per<br>item) |
|--------|--|--------------------------|---|-----------------------------------|
| 1      |  |                          |   |                                   |
| 2      |  |                          |   |                                   |
| 3      |  |                          |   |                                   |
| 4      |  |                          |   |                                   |
| 5      |  |                          |   |                                   |
| 6      |  |                          |   |                                   |
| 7      |  |                          |   |                                   |
| 8      |  |                          |   |                                   |
| 9      |  |                          |   |                                   |
| 10     |  |                          |   |                                   |

11. Enter the total replacement value amount for all equipment property listed: \$ \_\_\_\_\_

12. Is any of your equipment financed?  Yes  No

If yes, indicate which item(s) are financed and provide the name and address of the lending institution.

(Attach an additional sheet if necessary)

Item#: \_\_\_\_\_

Lending Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

13. Have you had any insurance claims in the last 5 years?  Yes  No

| Loss Description | Date Loss Occurred (MM/YYYY) | Loss Amount |
|------------------|------------------------------|-------------|
|                  |                              | \$          |
|                  |                              | \$          |
|                  |                              | \$          |
|                  |                              | \$          |

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

Yes  No If yes, provide the name(s) of the insurance company:

15. 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 |
|----------------|-----------------|-------------------|----------------|
|                |                 |                   | \$             |
|                |                 |                   | \$             |
|                |                 |                   | \$             |

16. Do you currently have any policies covering your business?  Yes  No  Not Applicable

This includes but is not limited to any general liability, business owner policy, cyber liability or professional liability.

If yes, please complete the table below.

| Effective | Expiration Date | Insurance Company | Policy Number |
|-----------|-----------------|-------------------|---------------|
|           |                 |                   |               |
|           |                 |                   |               |
|           |                 |                   |               |

17. Location of Equipment (check all that apply):

- Commercial Building/Space
- Rental Unit
- Studio
- Residence
- Other. Provide explanation: \_\_\_\_\_
- Office
- Safe Deposit Box
- Bank Vault

Answer questions a, b & c only if there is one item valued >\$50,000 or your total schedule value is >\$300,000.

a. On which floor is your equipment stored (i.e. – basement, main floor, 2nd floor)? \_\_\_\_\_

b. Do others have access to the storage area?  Yes  No (If yes, state who has access and why)

c. Is your equipment stored within 25 miles of the coast?  Yes  No

If yes, state the approximate # of miles from the coast? \_\_\_\_\_

18. What percentage of your equipment is removed from the storage premises at any one time ? \_\_\_\_\_

19. Property protection where equipment items are located (check all that apply):

**If 'None' is selected and one item is valued >\$50,000 or your total schedule value is >\$300,000 carrier review is required.**

Fire Sprinkler System

Burglar Alarm System

Local Fire Alarm

*UL approved Central Burglar*

Smoke Detector

Alarm System installed

Video Security Cameras

None

20. Do you lease or lend any equipment to any independent contractor?  Yes  No

**If "yes", please note that the policy excludes third party property damage coverage.**

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**Applicable only for Photography Equipment (leave blank if not applicable)**

21. Are any items listed in the schedule used for underwater photography?  YES  NO

**If yes, answer questions a-d below**

a). Indicate item number(s) used for underwater photography: \_\_\_\_\_

b). Provide percentage of use: Recreation: \_\_\_\_\_% Professional: \_\_\_\_\_%

c). Do you have less than 2 years of experience doing underwater photography using this type of equipment?

Yes  No

d). Have you ever had a loss while doing underwater photography?  YES  NO

**If yes, provide a description of how the loss occurred, the approximate value of items lost and explain what has been done to prevent further losses of this nature.**

22. Are any items listed in the schedule used for aerial photography?  YES  NO

**Aerial photography can be described as the taking of photographs from an aircraft or any other flying device in flight, where mounted cameras or hand held photographs may be taken by a photographer. Drones are specifically excluded from coverage.**

**If yes, answer questions a-d below.**

a). Indicate item number(s) used for aerial photography: \_\_\_\_\_

b). Provide percentage of use: Recreation: \_\_\_\_\_% Professional: \_\_\_\_\_%

c). Do you have more than 2 years of experience doing aerial photography using this type of equipment?

Yes  No

d). Have you ever had a loss while doing aerial photography?  YES  NO

**If yes, provide a description of how the loss occurred, the approximate value of items lost, and explain what has been done to prevent further losses of this nature.**

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**Applicable only for Musicians Equipment (leave blank if not applicable)**

23. If insuring musical equipment, what type of music business are you operating? Check all that may apply.
- Band  Teacher  DJ  Sound Studio  Producer  Promoter  Artist/individual performer
  - Other, provide description: \_\_\_\_\_

24. Optional Business Income Coverage Endorsement (**Select one**):

Covers **Business Income Loss** due to a forced performance cancellation or damage/loss of covered property by a covered cause of loss.

- \$500 Limit/\$50 Cost
- \$1,000 Limit/\$100 Cost
- \$1,500 Limit/\$150 Cost
- None

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**Applicable only for Ham Radio Equipment (leave blank if not applicable)**

25. Does your schedule include radio towers, antennas or rotators exceeding \$10,000 in total?  YES  NO

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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, LOUISIANA, RHODE ISLAND, 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 CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 AGENCIES.

**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 PREPARES 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 THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY 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 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 MEXICO 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 CIVIL FINES AND CRIMINAL 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.

**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 accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

**THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. 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.**

**FOR MAINE APPLICANTS ONLY, THE FOLLOWING DECLARATION APPLIES:**

**THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. 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. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.**

**For Utah Applicants only, the following applies:**

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

**YOU MUST SIGN AND DATE THIS APPLICATION**

**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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