



35 Arkay Drive, Suite 400
 Hauppauge, NY 11788
 Phone 1-800-VIVALDI Fax 1-631-435-4501
 Website: www.clarionins.com

** Contact: Anthony Richards, 1-800-848-2534, extension 100, Email: arichards@clarionins.com

***** IMPORTANT NOTICE, PLEASE READ: IF RETURNING APPLICATION VIA LAND MAIL, PLEASE RETURN TO THE ATTENTION OF ANTHONY RICHARDS AT THE FOLLOWING NY LAND ADDRESS:**

Clarion Associates, Inc., 35 Arkay Drive, Suite 400, Hauppauge, NY 11788

StarNet Insurance Company, A Berkley Company
 Home Office: 475 Steamboat Road, Greenwich, CT 06830
 Underwriting Office: Berkley Underwriting Partners, LLC 215 Shuman Boulevard, Suite 200, Naperville, IL 60563 800-343-0592

SPECIALTY MUSICAL INSTRUMENT & RECORDING STUDIO INSURANCE APPLICATION

Personal information: To be completed by the primary user of the instrument(s).

Name _____ Street address _____
 City _____ State _____ ZIP _____
 Day phone _____ Evening _____ Cell _____
 E-mail address _____
 Date of Birth / /

Who can we thank for recommending Clarion?

(Please tell us which friend, advertisement, trade show, musician association, or dealer)

Emergency contact person? Name _____ Phone _____

Location/address where instruments are kept?

Street Address _____
 City _____ State _____ Zip _____
 Year built _____ Construction of building _____ Vault or safe for instruments? Yes or No

*** Please add a check mark next to the choices below which best describes any/all protective devices that are present and used to prevent loss to your property:

- Fire Extinguisher
- Monitored Fire Alarm
- Monitored Burglary Alarm
- Non Monitored Fire Alarm
- Non Monitored Burglary Alarm
- Locks on Doors and Windows

Customer Type:

- Dealer
- Individual
- Orchestra
- Recording Studio

Is the location occupied daily? Yes No

Is the location within 250 feet of any designated brush fire area? Yes No

Are the instruments stored / kept within 1 mile from any ocean? Yes No
California locations only- Is location retrofitted to protect from earthquake? Yes No
Have you ever been declined, cancelled or non-renewed for adverse underwriting reasons? Yes No
Are you a member of any musicians associations?
Please tell us what kind/type of instruments are you are playing, collecting and/or to insuring.

Please tell us how you use your instruments.

Please describe the types of venues in which you play. (I.E. Bar, Orchestra, Church, Home, etc.)

In which age category fo most of your instruments fall? < 10 Years 10-15 Years > 15 Years

Please let us know which deductible you would like.

What is the population of the county you live in?

Are you the owner of the instruments? Yes No (If No, provide full name & address of the owner)

Are you the primary user of your instruments? Yes No

If No, please provide full name, address and DOB of the primary user).

Do you regularly tune and clean your instruments and keep them maintained? Yes No

Are your instruments ever exhibited an a trade show or museum? Yes No

Do you ever leave your instrument in your vehicle/trailer overnight? Yes No

If yes, please explain the security measures taken to prevent theft/vandalism?

Are your instruments ever kept in an offsite storage unit? Yes No

Do you buy and/or sell instruments more than one time per year? Yes No

Please list all claims filed in the last 5 years. Check here if no claims.

How often do you ship your instruments via common carrier (UPS, FedEx etc)?

(If Never, state Never)

Have you ever had any item repossessed, been convicted of a crime, or filed bankruptcy? Yes No

How many times per year do you travel by plane with your instrument or instruments?

Current insurer? Reason for switching?

RECORDING STUDIOS ONLY:

My studio is located in a: Commercial building
Private home/apartment

I take my equipment/gear away from the studio: Never
Sometimes

Is your studio equipment located below ground level? Yes No
(**** Policy excludes coverage for water damage or flood if the equipment is located below ground level*)



Schedule of instruments to be insured

<u>Instrument type</u>	<u>Description</u>	<u>Agreed value</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____

The TOTAL value of coverage requested _____

***** Should you need to add more lines to list the instruments that you would like to insure, please edit this Word document to do so or attach a separate Word or Excel file via e-mail. You can also attach a legible hard copy schedule of instruments to insure to this application**

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 AND 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 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 WHOKNOWINGLY 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 IN THE THIRD DEGREE.

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 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 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 AND VIRGINIA 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.

No coverage can be in force until it is approved by Clarion Associates Inc. All items insured over \$5,000.00 must have a detailed appraisal documenting its condition and value.

Applicant's Signature _____ Date _____