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MUSICAL INSTRUMENT & EQUIPMENT APPLICATION FORM

DETAILS OF THE INSURED

Name of Insured: _____

Trading As (If Applicable): _____

Phone: _____ Email: _____

Address Equipment is usually stored: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

ABN: _____ Are you registered for GST? Yes No

Cover Commencement Date: _____ This is an annual policy providing 12 months of cover from the Commencement Date

TYPE OF COVER REQUIRED

MUSICAL EQUIPMENT INSURANCE OPTIONS

Cover Provided	Australia & New Zealand Wide		Studio Only
	Non Classical Instruments & Musical Equipment	Classical Instruments	All Instruments & Musical Equipment
Theft from location	✓	✓	N/A
Theft from locked vehicles following forcible or violent entry	✓	✓	N/A
Accidental damage	✓	✓	✓
Fire, Burglary, Storm Damage, Earthquake, etc.	✓	✓	✓
Replacement value – new for old	✓	✓	✓
Worldwide* Cover extension Available – up to 90 days annually	✓	✓	N/A
Transit damage	✓	✓	N/A
Emergency hire of equipment - (up to 30% of the sum insured)	✓	✓	✓
Cover for hired/loaned equipment - (up to \$2,000)	✓	✓	✓
New equipment automatically covered - (up to 10% of sum insured)	✓	✓	✓
No claim discounts applied to premiums	✓	✓	✓

Minimum Excess: \$200 each claim. An excess of \$500 applies for laptop computers, tablets, mobile phones, PDAs and the like as well as claims made outside of Australia

* Provides extended cover up to 90 days excluding all countries on the "Do Not Travel" and "Reconsider Your Need to Travel" lists as detailed by the Australian Government Department of Foreign Affairs and Travel website: <http://www.smarttraveller.gov.au/>

Note: This foregoing is only a brief summary of the cover and you are advised to read the Policy Document closely for full details. The Policy Document is available for inspection upon request or from our website www.aisinsurance.com.au. Cover will not attach until the application is accepted and premium paid.

Section 1: Loss of or Damage to Your Equipment

This section must be completed including all the equipment to be insured. Please tick the type of cover required for each item
 No item will be deemed of greater value than \$500 unless specified in the Schedule.
 Note: If you are registered for GST the Sum Insured value should be the GST exclusive amount.

SCHEDULE OF EQUIPMENT

Brand & Description of Equipment	Serial #	Sum Insured	Non Classical	Classical	Add Worldwide*	Studio
1.		\$				
2.		\$				
3.		\$				
4.		\$				
5.		\$				
6.		\$				
7.		\$				
8.		\$				
9.		\$				
10.		\$				
Miscellaneous Items (accessories, etc)						
1.		\$				
2.		\$				
3.		\$				
4.		\$				
5.		\$				
TOTAL SUM INSURED		\$				

Note: If you have additional items please refer to page 4 of this form.

SECURITY

What security protects the equipment at normal place of storage?

Please note that a minimum of deadlocks (or equivalent security subject to approval by AIS) on all external doors is required

Local Burglar Alarm Yes No Back to Base Burglar Alarm Yes No

Deadlocks on All External Doors Yes No Windows Barred or Key locked Yes No

Other (Please Specify) _____

GENERAL INSURANCE HISTORY

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the equipment you wish to insure have any existing damage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever had an insurance application, renewal or policy cancelled or declined? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever had special conditions or increased premiums imposed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been charged with a criminal act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had other Insurance Claims (Motor vehicle, Home, etc.) in the last five (5) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you suffered loss or damage to any Musical Equipment in the last ten (10) years (insured or not)? If the answer is Yes to any of the above questions please give full details: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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7. Are you now, or have been previously insured? Yes No

Insurer: _____ Expiry: _____

YOUR DUTY OF DISCLOSURE

Before You enter into the Policy with Us, the Insurance Contracts Act 1984 requires You to disclose to Us every matter that You know or could reasonably be expected to know is relevant to Our decision whether and on what terms Your application for insurance is acceptable and to calculate how much premium is required for Your insurance.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate the Policy.

The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time You provide answers or make disclosure and the Relevant Time, You need to tell Us.

WHAT YOU DO NOT NEED TO TELL US

You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an insurer; or
- that We tell You We do not need to know.

WHO DOES THE DUTY APPLY TO?

The Duty of Disclosure applies to You and everyone that is an insured under the Policy. If You provide information for another insured, it is as if they provided it to Us.

WHAT HAPPENS IF THE DUTY OF DISCLOSURE IS NOT COMPLIED WITH?

If the duty of disclosure is not complied with We may cancel the Policy and/or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the Policy as if it never existed, and pay nothing.

ELECTRONIC DELIVERY OF DOCUMENTATION

To save you time and paper and improve our services we will be providing all documents electronically (including insurance policies, Product Disclosure Statements, Financial Services Guide and other disclosure documents) by email with PDF attachments to the email address provided.

If you do not wish for us to communicate with you in this way or no longer wish to receive documentation from us electronically or you require a hard copy of any documentation, please contact us on 03 8699 8888 or email music@aisinsurance.com.au.

DECLARATION

Interested parties (e.g. finance companies) _____

I acknowledge that I have read the Important Notices attached to this Application Form and that I understand these notices. I acknowledge that if this proposal is accepted that the insurance will be subject to the terms and conditions of the certificate wording and will be subject to my payment of premium. I consent to the use of the personal information about me for the purposes detailed in the privacy statement including disclosure of this information to third parties in connection with this insurance. I declare that the information disclosed in this Application Form is true and correct and that I have not failed to comply with my duty of disclosure nor have I included misleading information or have I suppressed information that may be relevant to the underwriter in considering my proposal for insurance.

Date: _____ Signature: _____

SCHEDULE OF EQUIPMENT

Brand & Description of Equipment	Serial #	Sum Insured	Non Classical	Classical	Add Worldwide*	Studio
11.		\$				
12.		\$				
13.		\$				
14.		\$				
15.		\$				
16.		\$				
17.		\$				
18.		\$				
19.		\$				
20.		\$				
21.		\$				
22.		\$				
23.		\$				
24.		\$				
25.		\$				
26.		\$				
27.		\$				
28.		\$				
29.		\$				
30.		\$				

GENERAL ADVICE WARNING

This document has been prepared without taking into account your objectives, financial situation or needs. You must therefore assess whether it is appropriate, in the light of your own individual circumstances, to act upon this advice.

Please refer to the Insurance Product Disclosure Statement (PDS) prior to making any decision to acquire that product.