

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 subject to review, acceptance and payment of the annual premium.

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.smartraveller.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.coverforce.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 Coverforce) 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 five (5) 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 an insurance contract, which is not a consumer insurance contract (as that term is defined in the Insurance Contracts Act 1984), you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have this duty until the insurer agrees to insure you. You have the same duty before you renew, extend, vary, or reinstate an insurance contract. You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- the insurer knows, or should know; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer anything you are required to, they may cancel your contract, or reduce the amount they will pay you if you make a claim, or both. If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

DUTY TO NOT MAKE A MISREPRESENTATION

There are specific duties that apply to you when you enter into, vary or extend a consumer insurance contract which is obtained wholly or predominantly for your personal, domestic or household purposes e.g., domestic car, house, travel or accident & illness insurance.

You have a duty under the Insurance Contracts Act 1984 (ICA) to take reasonable care not to make a misrepresentation to the insurer (your duty). Your duty applies only in respect of a policy that is a consumer insurance contract, which is a term defined in the ICA. Your duty applies before you enter into the policy, and also before you renew, extend, vary, or reinstate the policy. Before you do any of these things, you may be required to answer questions and the insurer will use the answers you provide in deciding whether to insure you, and anyone else to be insured under the policy, and on what terms. To ensure you meet your duty, your answers to the questions must be truthful, accurate and complete. If you fail to meet your duty, the insurer may be able to cancel your contract, or reduce the amount it will pay if you make a claim, or both. If your failure is fraudulent, the insurer may be able to refuse to pay a claim and treat the contract as if it never existed.

Before you renew your policy, you have a duty under the Insurance Contracts Act 1984 (ICA) to take reasonable care not to make a misrepresentation to the insurer (your duty). Your duty applies only in respect of your policy that is a consumer insurance contract, which is a term defined in the ICA. This notice includes information you have previously told us that is relevant to your policy, which we passed on to the insurer. The insurer requires you to contact us to tell us if this information is incorrect, or if it has changed. If you do not tell us about a change to something you have previously told us, the insurer will take this to mean that there is no change. To ensure you meet your duty, when you contact us to advise of any information that is incorrect or has changed, the updated information you give us must be truthful, accurate and complete. If you fail to meet your duty, the insurer may be able to cancel your contract, or reduce the amount it will pay if you make a claim, or both. If your failure is fraudulent, the insurer may be able to refuse to pay a claim and treat the contract as if it never existed.

FRAUDULENT CLAIMS CLAUSE (AUSTRALIA)

If any claim be in any respect fraudulent or if any fraudulent means or devices be used by You or anyone acting on the Your behalf to obtain any benefit under this Policy, or if any loss under the terms of this agreement be brought about by the wilful act or with the collusion of You, We without prejudice to any other right(s) we might have under this Policy, shall be entitled to refuse to pay such claim.

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 1800 986 445 or email music@coverforce.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.