

EQUIPMENT INSURANCE PLAN APPLICATION



Complete, sign, and date the application, then submit to AMBA to receive a quote.*

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 each item 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 (include manufacturer's name and model #)	Stationary Item* (yes/no)	Custom-made?* (yes/no)	Identification/ Serial Number (per item)	Replacement Value* (per item)
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$

Enter the total replacement value amount for all equipment property listed: \$ _____

***Schedule of Equipment Definitions**

Stationary item:

- Any piece of equipment that due to its weight or construction is not portable without specialized carriers or personnel other than the owner, within the timeframe of a catastrophic natural event (e.g. radio tower over 40ft)
- Any piece of equipment that is connected to a permanent structure in a way that it could not be disconnected without damage to either the piece of equipment or the structure it is attached to by personnel other than the owner, within the timeframe of a catastrophic natural event (e.g. music studio).

Custom-made item:

- Any item that was made according to individual specifications.
- An appraisal or a bill of sale must be submitted with the application.

High Replacement Value:

- All items valued at or above \$50,000 require an appraisal to be submitted with the application.

11. Do you have stationary items included in your schedule? Yes No

If yes, list each scheduled stationary item from your schedule including the address for each item in the table below.

Further underwriting review is required which may take 7-10 business days.

Item # (above)	Street Address	City	State	Zip

12. Are any of your scheduled items financed? Yes No

If yes, list each scheduled item that is financed and provide the name and address of the lending institution in the table below.

(Attach an additional sheet if necessary)

Item # (above)	Lending Institution Name	Street Address	City	State	Zip

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

Loss Description (Submit a current Loss Run statement with the application.)	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. Location of Equipment (check all that apply):

- Commercial Building/ Office Residence
- Music Studio
- Other. Provide explanation: _____

Answer questions a, b & c only if there is one item valued >\$50,000 or your total scheduled 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? _____

17. 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 scheduled value is >\$300,000 underwriting review is required.

- Fire Sprinkler System Burglar Alarm System
- Local Fire Alarm UL approved Central Burglar Alarm System installed
- Smoke Detector None
- Video Security Cameras

18. 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.

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

19. 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: _____

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

20. 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.

21. 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.

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.

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

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____ **Title:** _____

Agent/Producer Name: Stephen Miller **License Number:** 8949729

Program Administrator:

Association Member Benefits Advisors, LLC. (AMBA)
4050 114th Street
Urbandale, IA 50322

Phone: 800-503-9230

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

***How to Submit the Application**

Email: plsdsteam.service@getamba.com

Mailing Address:

AMBA
PO Box 14542
Des Moines, IA 50306

****The minimum premium is \$249.00.***

Underwritten by: Accelerant National Insurance Company