SOCAN INSTRUMENT AND STUDIO INSURANCE PROGRAM

MEMBER OF THE SOCIETY OF COMPOSERS, AUTHORS AND MUSIC PUBLISHERS OF CANADA

1) Applicant's Name: _____

2) SOCAN Member: No ☐ Yes ☐ Membership No. |_|_|_|_|_|_|_|_|_|_|_|

3) Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

4) Three(3) Year Loss History: If none ☐

Type of Loss (i.e. Theft): _____

Date of Loss: _____

Amount Paid: _____

5) Desired Limits of Coverage (CDN$) Musical Instruments/Equipment: _____

Musical Instrument / Equipment Schedule (attach list if more room required):

ITEM	QUANTITY	AMOUNT (CDN$)

Note: Musical Instruments/Equipment Valuation is as follows:

- Musical Instruments/Equipment less than 5 years of age – Replacement cost
- Musical Instruments/Equipment 5 years of age or older with appraisal – Replacement cost
- Musical Instruments/Equipment 5 years of age of older without appraisal – Actual Cash Value

6) Desired Coverage Territory Musical Instruments/Equipment: Canada/USA ☐ Worldwide ☐

7) Commercial General Liability: Declined ☐ $1,000,000☐ $2,000,000☐ Higher Limit: _____

8) Do you perform Rap music? Yes ☐ No ☐

9) Are you're a classical musician? Yes ☐ No ☐

10) Desired Effective Date of Coverage: ____/____/____ (month day year)

Note: If any other coverages are required please contact our office and we would be happy to assist you.

Signing this application does not bind the applicant or Underwriters to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void. Any material change to the Company's exposure must be reported prior to coverage applying. Applicant acknowledges and agrees that policy documentation when issued will be in English.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents a true statement of facts.

Date: _____

Applicant: _____

Signature of Authorized Representative: _____

Name: _____