

# **MUSICINSURE**<sup>®</sup>



**Please answer all questions in full, failure to do so will lead to delays in processing the form.**

Tick the appropriate boxes and provide other information as requested. Please use BLOCK CAPITALS.

Names and of Proposer (Mr/Mrs/Miss/Dr. – delete as applicable) .....  
Address.....  
Postcode..... Tel No.....  
Email Address..... Inception Date .....  
Website.....  
Would you prefer for us to send everything to you by email or post where possible? .....

Performing/Trading Name.....  
If a band is being insured how many members are there? .....

1. Has any insurer ever declined or refused to renew your insurance, increased, the premium, modified the cover or made special stipulations? **Yes/No**

If 'Yes', give details and state which insurer .....

1b. In respect of any risk to be covered by this insurance, give details of any claims made against you in the last five years or state none .....

2. Have you or any person directly connected with the ownership or management of the business ever been:

(a) convicted of arson, fraud, theft, receiving stolen goods or any other act of dishonesty? **Yes/No**

(b) prosecuted for breach of health & safety? **Yes/No**

(c) declared bankrupt or subject to a County Court Judgment? **Yes/No**

If 'Yes', give details .....

3. (a) Address where the Property is normally kept if different from above .....

(b) Are the premises where the equipment is normally kept constructed of brick or stone and roofed with slates or tiles? **Yes/No**

(c) Are there 5 lever mortice deadlocks on all external doors? **Yes/No**

(d) Are the premises protected by an alarm? If so what type? **Yes/No**

4. Maximum Value Any one Item .....

**Tel: 01342 327250 Fax: 01342 323826 Email: [info@gmisl.co.uk](mailto:info@gmisl.co.uk)**

**77a High Street, East Grinstead, West Sussex, RH19 3DD**

G M Imber & Sons are authorized and regulated by the Financial Conduct Authority (ref 448476)

5. Sums Insured for following locations:

- (a) Premises Only
- (b) UK (including up to 45 days in EU)
- (c) EU (including up to 45 days worldwide)
- (d) WorldWide

Please provide a schedule of equipment and their values for our records, If your policy is split between more than one location please provide relevant splits.

6. Public Liability Limit required:      £1,000,000      £2,000,000      £5,000,000

7. Do you require Employer's Liability? **Yes/No**  
If 'Yes', what is your Turnover? .....  
If you operate a PAYE scheme please provide your Employers Reference Number .....

**A Minimum Premium of £50.00 (plus Insurance Premium Tax at 12% and service charge) will apply. £15.00 for each amendment, alteration or set of duplicate documents.**

**DECLARATION**

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any relevant information. I understand that non-disclosure or misinterpretation of relevant information may entitle the Insurer to refuse to settle a claim in full or in part, alter the premium or terms or conditions or void the Insurance Policy from inception.

I understand that signing this proposal does not bind me to complete the insurance but agree that should a contract of insurance be concluded this proposal and the statements made herein shall form the basis of the contract between me/us and the Insurer.

Signature of Proposer.....Date.....

**IMPORTANT NOTICE**

**The liability of the Insurer does not commence until this proposal has been accepted by the Insurer and the premium payment cleared.**

**Please return completed form with your payment to:**  
G.M. Imber & Sons Ltd., 77a High Street, East Grinstead, West Sussex RH19 3DD  
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