

ABOUT THE UNITY GROUP

With locations in Windsor and Essex, The Unity Group has over 70 team members, bringing together years of experience and knowledge, and a commitment to providing excellent customer service.

Our mission is to be a leading supplier of quality insurance and financial products. Our guiding principle is to offer these in a most professional manner, with the understanding that our clients' trust is our first priority.

www.unitygrouponline.com

ABOUT ING INSURANCE

Canadians rely on ING Insurance to protect their homes, cars and businesses. We sell our products through independent brokers, across the country and in your community. They're the experts in providing sound insurance advice.

We are a member of ING, a global financial services organization.

ING Insurance. Protecting your world.

www.ingcanada.com

OUR SERVICE IS SECOND TO NONE . . .

The people at The Unity Group and ING Insurance are committed to providing the best possible customer service. And if you have a claim, you'll be impressed by prompt, fair service you'll receive from our experienced, professional claims team.

MUSICIANS' INSTRUMENT, EQUIPMENT & LIABILITY INSURANCE

Available only to members of the AFofM



Presented by:

American Federation of Musicians of the United States and Canada

Unity Insurance Brokers Windsor
o/b 1352104 Ontario Inc.

ING Insurance Company of Canada



FEATURES OF THE PROGRAM:

- All Risks coverage on your instruments and equipment
- Worldwide coverage
- Rental reimbursement if you need to rent an instrument or equipment in the event of a loss, up to \$1,000
- \$50 Deductible
- Commercial General Liability including bodily injury, property damage, medical payments, tenants legal liability and non-owned automobile

RATES AND PREMIUMS:

- \$2.75 rate per \$100 sum insured for Instruments & Equipment
- Liability rates (\$500 deductible):
 - \$1,000,000 limit - \$25 per member
 - \$2,000,000 limit - \$50 per member(Higher limits available upon request)

APPLICATION FOR COVERAGE

Please complete the form on the reverse. Mail with your cheque made payable to:

THE UNITY GROUP
3063 WALKER ROAD
WINDSOR, ONTARIO
N8W 3R4

Telephone: (519) 966-2600
Fax: (519) 966-6177
Toll Free: 1-800-563-9441

Email: musician@unitygrouponline.com
Website: www.unitygrouponline.com

NEED MORE INFORMATION?

This brochure contains only highlights of the coverages provided. If you would like more information, please contact the Music Department at The Unity Group. They would be pleased to answer your questions and personally assist you in putting together an insurance package.



Application for Musicians'

Instrument, Equipment & Liability Coverage

| Full Name of Insured: | Telephone Number: | Fax Number: | |
|--|-------------------|--|------------------------|
| Postal Address (including Postal Code): | Local #: | Member #: | |
| Member's E-mail Address a/o Website address: | | | |
| If you are a member of a group, provide the name of the group: | | Number in Group: | |
| Previous Insurer: | Policy Number: | Expiry Date: | |
| Previous insurance declined or cancelled? (If yes, Please provide full details): | | | |
| Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide full details including date, type of loss, amount paid and outstanding: | | | |
| INSURANCE COVERAGE REQUIRED List each instrument or piece of equipment separately. Attach separate sheet if necessary. | | | |
| Description of Item | Quantity/Sets | Make, Model & Serial Number | Total Replacement Cost |
| | | | \$ |
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| Total Replacement Cost of all Instruments & Equipment = | | | |
| Multiply by \$2.75 for every \$100 of value | | | X \$2.75 |
| Total Instrument / Equipment Premium: | | | \$ |
| Liability Limit \$1,000,000 = \$25 multiplied by # of members - _____ X \$25 = | | | \$ |
| Liability Limit \$2,000,000 = \$50 multiplied by # of members - _____ X \$50 = | | | \$ |
| Total Policy Premium: | | | \$ |
| Applicable Provincial Taxes: | | | \$ |
| Total Policy Premium (please make cheque payable to The Unity Group or provide credit card number & expiry date below) | | | \$ |
| VISA # | | MASTERCARD # | |
| Expiry Date: | | Expiry Date: | |
| Signature: _____ | | <p>I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.</p> | |
| Date: _____ | | | |