

When your show is live, anything can happen.

Insurance for professional musicians

- O Equipment Coverage
- O Liability

For CFM Members

Cristina Omar, Commercial Account Manager

HUB International Ontario Limited

24 Seacliff Dr. E. Unit 100, Leamington, ON N8H 0C2

Office: 519-326-9339 Toll-free: 800-463-4700 Fax: 866-898-9046

cristina.omar@hubinternational.com



hubinternational.com

Full Name of Insured:	Telephone Numi	oer: CI	CFM LocalNo:	
Mailing Address (including Postal Code): Street	Town, Province Postal Code		Nember Number:	
Member's E-mail Address alo Website Addre	55.			
ff you are a member of a group, provide the name of the group:			imber in Group:	
nsurance Coverage Requi	rements List each in	strument or piece separately. Attached	separate sheet, if necessary	
Description of Item	Quantity Set	Quantity Make, Model & Serial Number Set		Total Replacement Cost
	Total Replacement Cost of all Instruments & Equipment			
	2% of replacement cost (round 2% replacement cost to nearest dollar)			
	Liability Linit \$1,000,000 = \$50 multiplied by No. of members X \$50			
	Liability Limit \$2,000,000 = \$100 multiplied by No. of members X \$100			
	Total Policy Premium: Applicable Taxes:			
	(Saskatchewan 6% Maniloba & Ontario 8% Quebec 9% NFLD 15%)			
	Total Policy Premium (Reme name deque papere to HUS inervations' Ontare timines or private credit cardinaries' & supry data below)			
Visa or Mastercard Humber	Expiry Dalts Three digit Security Co		res digit Security Code (on r	everse):
may have provided personal information in personal information may include, but is not i disclose any offisis personal information, sut policies, renewals, changes of coverage, eva	imited to, my credit inform ject to the law and to my t lusting claims, detecting a	ation and claims history. I authorize my woker's or insurance company's policy and preventing@aud and analyzing busi	broker or insurance company regarding personal information	y to collect, use and nand underwriting m
personal information is contained in this document have authorized that I agree to the above on theil Signature:			Date:	

*By providing my signature, I certify that I am a member in good standing of the Canadian Federation of Musicians or the Musicians' Rights Organization of Canada (MROC).

Return this application with payment by email, mail or fax to:

Cristina Omar | cristina.omar@hubinternational.com | Phone: 519-326-9339 | Fax: 866-898-9046

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