

SERFF Tracking Number: AGNY-125199353 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: AR-PC-07-025989
Company Tracking Number: AIC-07-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Clarion Musical Instrument Program
Project Name/Number: Clarion Musical Instrument Program/AIC-07-IM-01

Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Clarion Musical Instrument Program SERFF Tr Num: AGNY-125199353 State: Arkansas

Program

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-025989

Sub-TOI: 09.0000 Inland Marine Sub-TOI

Co Tr Num: AIC-07-IM-01

State Status: PENDING FEES

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Zack Ray, Janine Graham, Disposition Date: 09/18/2007

Monique Myers

Date Submitted: 09/04/2007

Disposition Status: Approved

Effective Date Requested (New): 10/10/2007

Effective Date (New): 10/10/2007

Effective Date Requested (Renewal): 10/10/2007

Effective Date (Renewal):
10/10/2007

General Information

Project Name: Clarion Musical Instrument Program

Status of Filing in Domicile:

Project Number: AIC-07-IM-01

Domicile Status Comments: Pending

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular:

Filing Status Changed: 09/18/2007

State Status Changed: 09/07/2007

Deemer Date:

Corresponding Filing Tracking Number: AGNY-125199354

Filing Description:

New Hampshire Insurance Company submits for your review and approval it's Clarion Musical Instrument Program (the "Program"). The Program provides property coverage on musical instruments for professional musicians and musical instrument dealers nationwide.

Please refer to the attached Form Listing for information about the forms included in this submission.

As required, the rates for this Program are being submitted separately.

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Company and Contact

Filing Contact Information

Monique Myers, Filings Analyst Monique.Myers@AIG.com
 175 Water Street (212) 458-6346 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania
 70 Pine Street Group Code: Company Type:
 New York, NY 10270 Group Name: State ID Number:
 (212) 770-7000 ext. [Phone] FEIN Number: 02-0172170

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 Per Form Filing.

This check includes a fee for the corresponding Rate Filing.

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00101987	\$150.00	08/07/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/18/2007	09/18/2007
Approved	Llyweyia Rawlins	09/07/2007	09/07/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Commercial Form Inland Marine Coverage Part Common Policy Declarations		Monique Myers	09/18/2007	09/18/2007

SERFF Tracking Number: *AGNY-125199353* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *AR-PC-07-025989*
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TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0000 Inland Marine Sub-TOI Combinations*
Product Name: *Clarion Musical Instrument Program*
Project Name/Number: *Clarion Musical Instrument Program/AIC-07-IM-01*

Disposition

Disposition Date: 09/18/2007
Effective Date (New): 10/10/2007
Effective Date (Renewal): 10/10/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	Arkansas Changes	Approved	Yes
Form	Arkansas Cancellation/Nonrenewal Endorsement	Approved	Yes
Form	Musical Instrument Coverage Form	Approved	Yes
Form	Inland Marine Policy Declarations	Approved	Yes
Form	Vehicle Exclusion	Approved	Yes
Form	Water Damage Exclusion	Approved	Yes
Form	Transit Exclusion	Approved	Yes
Form	Vehicle Limitation Endorsement	Approved	Yes
Form	Baggage Exclusion	Approved	Yes
Form	School Exclusion	Approved	Yes
Form	Business Income and Extra Expense Coverage	Approved	Yes
Form (revised)	Commercial Inland Marine Coverage Part Common Policy Declarations	Approved	Yes
Form	Commercial Inland Marine Coverage Part Common Policy Declarations	Approved	Yes
Form	Commercial Inland Marine Coverage Part Supplemental Declarations	Approved	Yes
Form	Specialty Musical Instrument Application For Symphony Orchestras	Approved	Yes
Form	Renewal Application For Specialty Musical Instruments & Recording Studio Insurance	Approved	Yes
Form	Application for Dealers, Makers, Restorers, Repairers	Approved	Yes
Form	Specialty Musical Instrument & Recording Studio Insurance Application	Approved	Yes

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Status: Approved

Comment:

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Form	Vehicle Exclusion	Approved	Yes
Form	Water Damage Exclusion	Approved	Yes
Form	Transit Exclusion	Approved	Yes
Form	Vehicle Limitation Endorsement	Approved	Yes
Form	Baggage Exclusion	Approved	Yes
Form	School Exclusion	Approved	Yes
Form	Business Income and Extra Expense Coverage	Approved	Yes
Form (revised)	Commercial Inland Marine Coverage Part Common Policy Declarations	Approved	Yes
Form	Commercial Inland Marine Coverage Part Common Policy Declarations	Approved	Yes
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Amendment Letter

Amendment Date:
 Submitted Date: 09/18/2007

Comments:

This is a follow up to our filing submission of Clarion Musical Instruments Program. Clarion Declarations Page - Form No. 93826 (12/06) was submitted in error and we wish to withdraw it from our filing submission and replace it with Clarion Declarations Page - Form No. 93828 (12/06).

We have updated the SERFF Form Schedule to reflect this change.

Thank you

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Commercial Inland Marine Coverage Part Common Policy Declarations	93828	(12/06)	Declarations/Schedule	New			0	93828 (12-06) - NHIC - DEC PAGE - Common Policy.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Changes	94883	(6/07)	Endorsement/Amendment/Conditions	New	0.00	94883 (6-07) - AR Changes.pdf
Approved	Arkansas Cancellation/Nonrenewal Endorsement	52131	(11/03)	Endorsement/Amendment/Conditions	New	0.00	AR-52131.pdf
Approved	Musical Instrument Coverage Form	86271	(6/07)	Policy/Coverage Form	New	0.00	86271 (6-07) - Musical Instrument Coverage Form.pdf
Approved	Inland Marine Policy Declarations	86272	(11/06)	Declaration	New	0.00	86272 (11-06) - Inland Marine Policy Declarations.pdf
Approved	Vehicle Exclusion	86274	(4/07)	Endorsement/Amendment/Conditions	New	0.00	86274 (4-07) - Vehicle Exclusion.pdf
Approved	Water Damage Exclusion	86275	(4/07)	Endorsement/Amendment/Conditions	New	0.00	86275 (4-07) - Water Damage Exclusion.pdf
Approved	Transit Exclusion	86276	(4/07)	Endorsement/Amendment/Conditions	New	0.00	86276 (4-07) - Transit Exclusion.pdf
Approved	Vehicle Limitation	86277	(4/07)	Endorsement	New	0.00	86277 (4-07)

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Endorsement	nt/Amendm ent/Condi ons	- Vehicle Limitation.pd f
Approved Baggage Exclusion 86278 (4/07)	Endorseme New nt/Amendm ent/Condi ons	0.00 86278 (4-07) - Baggage Exclusion.pd f
Approved School Exclusion 86279 (4/07)	Endorseme New nt/Amendm ent/Condi ons	0.00 86279 (4-07) - School Exclusion.pd f
Approved Business Income and Extra Expense Coverage 87411 (4/07)	Endorseme New nt/Amendm ent/Condi ons	0.00 87411 (4-07) - Business Income Extra Expense.pdf
Approved Commercial Inland Marine Coverage Part Common Policy Declarations 93828 (12/06)	Declaration New s/Schedule	0.00 93828 (12-06) - NHIC - DEC PAGE - Common Policy.pdf
Approved Commercial Inland Marine Coverage Part Supplemental Declarations 93829 (12/06)	Declaration New s/Schedule	0.00 93829 (12-06) - Supplement al DEC PAGE.pdf
Approved Specialty Musical Instrument Application For Symphony Orchestras 94393 (7/07)	Application/ New Binder/Enro llment	0.00 94393 (7-07) - Symphony Application .pdf
Approved Renewal Application For Specialty Musical Instruments & Recording Studio Insurance 94394 (7/07)	Application/ New Binder/Enro llment	0.00 94394 (7-07) - Renewal Application.p df
Approved Application for 94437 (7/07)	Application/ New	0.00 94437 (7-07)

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective _____ at 12:01 A.M. _____ forms a part of

Policy No. _____ Issued to: _____

By: _____

ARKANSAS CHANGES

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

A. Subparagraph **5.**, **Appraisal** of Paragraph **E. ADDITIONAL CONDITIONS** is deleted in its entirety and replaced with the following:

If **you** and **we** disagree on the value of the property or the amount of **loss**, either party may make a written request for an appraisal of the **loss**. However, an appraisal will be made only if both **we** and **you** agree, voluntarily, to have the **loss** appraised. If so agreed, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of **loss**. If they fail to agree, they will submit their differences to the umpire.

- a. An appraisal decision will not be binding on either party.
- b. If there is an appraisal, **we** will still retain **our** right to deny the claim.
- c. Each party will:
 - (1) Pay its chosen appraiser; and
 - (2) Bear the other expenses of the appraisal and umpire equally.

B. Subparagraph **17.b.**, of Paragraph **E. ADDITIONAL CONDITIONS** is deleted in its entirety and replaced with the following:

- b. The action is brought within five (5) years after **you** first have knowledge of the direct **loss** or damage.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

This endorsement, effective _____ at _____

forms part of _____

Policy no.: _____ issued to: _____

By: _____

ARKANSAS AMENDATORY ENDORSEMENT

Wherever used in this endorsement: 1) "Insurer" means the insurance company which issued this policy; and 2) "First Named Insured", and "Insured" mean the Named Corporation, Named Organization, Named Entity, Named Sponsor, Named Insured, or Insured stated in the declarations page; and 3) "Other Insured(s)" means all other persons or entities afforded coverage under the policy.

The following is added and supercedes any provision to the contrary:

A. CANCELLATION

If this policy has been in effect for more than sixty (60) days or is a renewal policy, the Insurer shall not cancel this policy unless such cancellation is based upon at least one (1) of the following reasons:

- (a) Nonpayment of premium;
- (b) Fraud or material misrepresentation made by or with the knowledge of the Insured or Other Insured(s) in obtaining the policy, continuing the policy or in presenting a claim under the policy;
- (c) The occurrence of material change in the risk which substantially increases any hazard insured against after policy issuance;
- (d) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against under the policy;
- (e) Nonpayment of membership dues in those cases where the by-laws, agreements or other legal instruments of the Insurer issuing the policy require payment thereof as a condition of the issuance and maintenance of the policy; or
- (f) A material violation of a material provision of the policy.

The Insurer may cancel this policy by mailing or delivering written notice stating the reason for cancellation to the First Named Insured and any lienholder or loss payee named in the policy at least:

- a. Ten (10) days before the effective date of cancellation if cancellation is due to nonpayment of premium.
- b. Twenty (20) days before the effective date of cancellation if cancellation is due to any other reason.

If cancellation is due to nonpayment of premium, notice should state the reason for cancellation.

B. NONRENEWAL

If the Insurer decides not to renew the policy, the Insurer shall mail written notice to the First Named Insured shown in the Declarations at least sixty (60) days before:

- (a) its expiration date; or
- (b) its anniversary date, if it is a policy written for a term of more than one year and with no fixed expiration date.

However, the Insurer is not required to send this notice if nonrenewal is due to the Insured's failure to pay any premium required for renewal.

The Insurer will mail its notice to the First Named Insured's last known mailing address. If notice is mailed, proof of mailing will be sufficient proof of notice.

AUTHORIZED REPRESENTATIVE

MUSICAL INSTRUMENT COVERAGE FORM

AGREEMENT

Throughout this policy, the words **you** and **your** refer to the Named Insured(s) shown in the **Declarations** and any other person(s) or organization(s) qualifying as an **Insured** under this policy. The words **we**, **us**, and **our** refer to the Company providing this insurance.

Words and phrases that appear in boldface have special meaning. Please refer to Section **F. DEFINITIONS**.

In consideration of the premium paid and subject to the Limits of Insurance shown in the **Declarations**, and all other terms, conditions, and exclusions contained in this policy, **we** shall provide the coverage described herein.

A. COVERAGE

We will pay for direct physical **loss** to **Covered Property** from any of the **Covered Causes of Loss**, as defined in Section **B**.

1. **Covered Property**, as used in this Coverage Form, means:

- a. **Your** property consisting of musical instruments and related equipment and accessories shown in a Schedule of Insurance on file with **us**; and
- b. Similar property of others that is in **your** care, custody, and control which is not owned, rented, or leased by **you**. **We** reserve the right to subrogate in the event of mistreatment or negligence unless **we** agree to waive subrogation in advance.

However, if the Named Insured is designated as a Musical Instruments Dealer in the **Declarations**, then **we** insure all musical instruments and related equipment located at the covered premise, whether or not specifically scheduled.

2. **Property Not Covered**

Covered Property does not include:

- a. Contraband, or property used or procured in the course of illegal transportation or trade; or
- b. Property acquired by means of theft, failure to return by a borrower or lessee, or dishonest or intentional acts by a borrower or lessee to property that has been sold, loaned, or leased and delivered into the care, custody and control of others;

3. **Coverage Extensions**

The Limit of insurance for each of the following Coverage Extensions is included within the Limit of Insurance applicable to the property listed in the **Declarations**.

a. **Borrowed Instruments**

If during the policy period **you** borrow an instrument of a type already covered by this form, **we** will cover that borrowed instrument for the lesser of:

- (1) The value of the instrument as evidenced by its latest appraisal or bill of sale;
- (2) The highest individual instrument's Limit of Insurance on **your** Schedule of Insurance; or
- (3) \$50,000;

for up to thirty (30) days after **you** borrow it, or until the policy ends, whichever is sooner. **You** must tell **us** within forty-eight (48) hours of the time **you** first assume control of the instrument in order to activate this coverage. **We** will not charge **you** a premium for this period provided **you** tell **us** before the end of thirty (30) days from the date **you** assume control of the borrowed instrument that **you** have returned it to the owner. If coverage is needed beyond thirty (30) days after the date **you** originally borrowed the instrument, then **you** must give **us** the bill of sale or a current appraisal from a **registered musical instrument appraiser** or any bona fide musical instrument dealer or retailer and **we** will add this instrument to **your** policy Schedule.

If **you** have a **loss** during this thirty (30) day period, **we** will not pay for the **loss** until **you** have provided **us** with a bill of sale or current appraisal.

b. Newly Acquired Property

If during the policy period **you** acquire property of a type already covered by this Form, **we** will cover that property for the lesser of:

- (1) The value of the instrument as evidenced by its latest appraisal or bill of sale;
- (2) The highest individual instrument's Limit of Insurance on **your** Schedule of Insurance; or
- (3) \$50,000.

You will report the acquisition of such property within thirty (30) days from the date acquired and will pay any additional premium due. If **you** do not report such property, coverage will cease automatically thirty (30) days after the date the property is acquired or at the end of the policy period, whichever occurs first.

c. Inflation Guard

If **you** insure a **manufactured instrument** with **us** that is less than ten (10) years old on the date **you** purchase it, in the event of a total **loss** by a **Covered Cause of Loss** to this **Covered Property**, **we** will pay **you** the cost to replace the instrument, regardless of the Limit of Insurance. The Limit of Insurance **you** carry for this instrument must be at least equal to the United States dollar purchase price based upon the currency conversion rate, at the time of purchase, for the country from which it was originally purchased, at any time during the twenty-four (24) month period prior to the **loss**.

If the Limit of Insurance is less than the retail price of the instrument during the past twenty-four (24) months, the most **we** will pay **you** in the event of a **loss** is the Limit of Insurance for this instrument.

d. Replacement Instruments

If **you** rent or borrow an instrument of the same type to replace **Covered Property** while that **Covered Property** is being repaired as a result of a **Covered Cause of Loss**, **we** will pay the owner for **loss** by **Covered Causes of Loss** to that replacement instrument while it is in **your** care, custody, or control. The most **we** will pay the owner for **loss** to the replacement instrument is the **Limit of Insurance** for the instrument being repaired.

B. COVERED CAUSES OF LOSS

Covered Causes of Loss means all risks of direct physical **loss** to **Covered Property** except those causes of **loss** listed in the Exclusions.

C. EXCLUSIONS

1. **We** will not pay for a **loss** caused directly or indirectly by any of the following. Such **loss** is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the **loss**.

a. Governmental Action

Seizure or destruction of property by order of governmental authority. But **we** will pay for direct physical **loss** caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Form.

b. Nuclear Hazard

- (1) Any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation or radioactive contamination from any other cause

But **we** will pay for direct physical **loss** caused by resulting fire, if the fire would be covered under this Coverage Form.

c. War and Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by the military force, including action in hindering or defending against an actual or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

d. Pollutants

We do not pay for **loss** caused by or resulting from release, discharge, seepage, migration, dispersal, or escape of **pollutants** unless the release, discharge, seepage, migration, dispersal, or escape is caused by a **Covered Cause of Loss**.

2. **We** will not pay for a **loss** caused by or resulting from any of the following:
- a. Delay, **loss** of use, **loss** of market or any other consequential **loss**;
 - b. Wear, tear, any quality in the property that causes it to damage or destroy itself, or gradual deterioration;
 - c. Pre-existing conditions, damage and/or decrease in value caused by repairing, retouching, restoring, or conservation or preservation of value;
 - d. Damage caused by pests, insects, vermin, domestic or non-domestic animals;
 - e. Criminal, fraudulent, or dishonest acts – **We** do not pay for **loss** caused by or resulting from criminal, fraudulent, dishonest, or illegal acts performed alone or in collusion with another by:
 - (1) **you**;
 - (2) others who have an interest in the property;
 - (3) others to whom **you** entrust the property;
 - (4) **your** partners, relatives, trustees, or guardians;
 - (5) the employees or agents of any of (1), (2), (3), or (4) above; or
 - f. Mysterious or unexplained disappearance of **Covered Property**.

D. LIMITS OF INSURANCE

The most **we** will pay for a **loss** for any one occurrence is the applicable Limit of Insurance shown on the **Declarations**, not to exceed the applicable amount of insurance as specified in the Schedule of Insurance, unless other policy terms apply.

E. ADDITIONAL CONDITIONS

This Coverage Form is subject to the following conditions in addition to the Common Policy Conditions.

1. Coverage Territory

We insure **Covered Property** located anywhere in the world including while in transit and while at repairers' and restorers' premises.

2. Valuation

We will not be liable for more than the specified amount corresponding to the respective items covered hereunder, shown on the Schedule of Insurance, which amounts are agreed to be the values of these items for the purpose of this insurance unless other policy terms apply.

However, if a Total Insured Value applies to **Covered Property** under this policy, then **we** will not be obligated to pay more than such Total Insured Value, regardless of the sum of all specified amounts corresponding to all items in the Schedule of Insurance.

3. Partial Loss Including Loss Of Value

We agree to pay **you** the difference between the agreed value in the Schedule of Insurance prior to the **loss** and the value of the instrument after the **loss**. The difference in value if any after repair or restoration shall be determined by a **registered musical instrument appraiser**. If the difference in value cannot be agreed upon, the difference in value shall be determined in accordance with paragraph **5**. below.

4. Abandonment

There can be no abandonment of any property to **us**.

5. Appraisal

If **we** and **you** disagree on the value of the property or the amount of the **loss**, either may make written demand for an appraisal of the **loss**. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of **loss**. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally

If there is an appraisal, **we** will retain **our** right to deny the claim

6. Duties In The Event Of Loss

You must see that the following are done in the event of a **loss** to **Covered Property**:

- a. Notify the police if a law may have been broken.
- b. Give **us** prompt notice of the **loss**. Include a description of the property involved.
- c. As soon as possible, give **us** a description of how, when, and where the **loss** occurred.
- d. Take all reasonable steps to protect the **Covered Property** from further damage and keep a record of necessary expenses incurred to protect the **Covered Property**, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, **we** will not pay for any subsequent **loss** resulting from a cause of **loss** that is not a **Covered Cause of Loss**. Also, if feasible, set the damaged property aside and keep it in the best possible condition for examination.
- e. Make no statement that will assume any obligation or admit any liability, for any **loss** for which **we** may be liable, without **our** consent.
- f. Permit **us** to inspect the property and records proving **loss**.
- g. If requested, permit **us** to question **you** under oath, at such times as may be reasonably required, about any matter relating to this insurance or **your** claim, including **your** books and records. In such event, **your** answers must be signed.

- h. Send **us** a signed, sworn statement of **loss** containing the information **we** request to settle the claim. **You** must do this within sixty (60) days after **our** request. **We** will supply **you** with the necessary forms.
- i. Promptly send **us** any legal papers or notices received concerning the **loss**.
- j. Cooperate with **us** in the investigation and/or settlement of the claim.

7. Insurance Under Two Or More Coverages

If two or more of this policy's coverages apply to the same **loss**, **we** will not pay more than the actual amount of the **loss**.

8. Loss Payment

We will pay or make good any **loss** covered under this Coverage Form within thirty (30) days after:

- a. **We** reach agreement with **you**;
- b. The entry of final judgment; or
- c. The filing of an appraisal award.

9. Other Insurance

If **you** have other insurance covering the same **loss** as the insurance under this Coverage Form, **we** will pay only the excess over what **you** should have received from the other insurance. **We** will pay the excess whether **you** can collect on the other insurance or not.

10. Pair, Sets or Parts

In the event of a total **loss** to any part of a pair or set, at **your** option, **we** will pay **you** the full value of the entire pair or set and **you** will surrender to **us** both the damaged and undamaged **Covered Property**. **You** may elect to retain the undamaged **Covered Property** in which case **we** will pay **you** the fair market value of the damaged **Covered Property**, giving due consideration to the importance of the pair or set of the damaged **Covered Property**.

11. Right To Repurchase Recovered Property

You may buy back **Covered Property** for which **we** have paid **you** a total **loss**. The price of the **Covered Property** will be in the amount **we** paid **you**. **We** will attempt to notify **you** of any damaged or recovered **Covered Property** **you** may buy back. **You** will have sixty-five (65) days from the mailing date of the notice to repurchase the **Covered Property**. This right is not inheritable or transferable to any other person or organization.

12. Privilege To Adjust With Owner

In the event of **loss** involving property of others in **your** care, custody, or control, **we** have the right to:

- a. Settle the **loss** with the owners of the property. A receipt for payment from the owners of that property will satisfy any claim of **yours**.

- b. Provide a defense for legal proceedings brought against **you**. If provided, the expense of this defense will be at **our** cost and will not reduce the applicable Limit of Insurance under this insurance.

13. Recoveries

Any recovery or salvage on a **loss** will accrue entirely to **our** benefit until the sum paid by **us** has been made up.

14. Reinstatement Of Limit After Loss

The Limit of Insurance will not be reduced by the payment of any claim, except for total **loss** of a scheduled item, in which event **we** will refund the unearned premium on that item.

15. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom **we** make payment under this insurance has rights to recover damages from another, those rights are transferred to **us** to the extent of **our** payment. That person or organization must do everything necessary to secure **our** rights and must do nothing after **loss** to impair them.

16. Concealment, Misrepresentation, Or Fraud

This Coverage Form is void in any case of fraud, intentional concealment, or misrepresentation of a material fact, by **you** or any other insured, at any time, concerning:

- a. This Coverage Form;
- b. The **Covered Property**;
- c. **Your** interest in the **Covered Property**; or
- d. A claim under this Coverage Form.

17. Legal Action Against Us

No one may bring a legal action against **us** under this Coverage Form unless:

- a. There has been full compliance with all the terms of this Coverage Form; and
- b. The action is brought within two (2) years after **you** first had knowledge of the **loss**.

18. No Benefit To Bailee

No person or organization, other than **you**, having custody of **Covered Property**, will benefit from this insurance.

19. Policy Period

We cover **loss** commencing during the policy period shown on the **Declarations**.

20. Records

You will keep accurate records of **your** business and retain them for three (3) years after the expiration of the policy period.

F. DEFINITIONS

1. **Loss** means accidental **loss** or damage.
2. **Registered musical instrument appraiser** means a bona fide musical instrument dealer.
3. **Manufactured instrument** means any instrument mass manufactured with annually printed price lists available.
4. **Declarations** means all pages labeled "**Declarations**", "**Supplemental Declarations**", or "**Schedules**" which pertain to this Coverage Form.
5. **Pollutant** means:
 - a. Any solid, liquid, gaseous, thermal, or radioactive irritant or contaminant, including acids, alkalis, chemicals, fumes, smoke, soot, vapor, and waste. "Waste" includes materials to be disposed of as well as recycled, reclaimed, or reconditioned.
 - b. Electrical or magnetic emissions, whether visible or invisible, and sound emissions.
6. **Insured** means: If **you** are a symphony or orchestra, those current members or former members of a symphony or orchestra, but only if:
 - a. The **Covered Property** owned by such members is listed in a Schedule of Insurance on file with **us** or in a Schedule of Insurance endorsed hereto, and
 - b. Such members are listed in a Schedule on file with **us**.

With respect to all other owners of **Covered Property**, **we** still have the right, but not the obligation to adjust any **loss** with such owners in accordance with Paragraph **12**. of Section **E**. To the extent that **we** settle any claim with any owner, the Named Insured has no claim against **us**.

Forms Schedule

Named Insured:

Policy Number:

Effective Date:

Form Number

Title

Item 3. SCHEDULED EQUIPMENT AND LIMITS OF INSURANCE:

<u>Item #</u>	<u>Type of Instrument</u>	<u>Description</u>	<u>Serial#</u>	<u>Limit of Insurance</u>
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ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

VEHICLE EXCLUSION

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

Section C. EXCLUSIONS, paragraph 2 is amended to include the following:

Damage or theft to Covered Property when left in an unattended vehicle.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

WATER DAMAGE EXCLUSION

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

Section C. EXCLUSIONS, paragraph 2 is amended to include the following:

Water Damage to covered electronic or recording property while it is either stored or in use below ground level.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

TRANSIT EXCLUSION

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

Section C. EXCLUSIONS, paragraph 2. is amended to include the following:

Damage or theft to instruments while being shipped. However, **we** will pay for a shipping **loss** if the shipment was direct to a **registered musical instrument appraiser** in connection with a covered **loss**.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

VEHICLE LIMITATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

Section C. EXCLUSIONS, paragraph 2 is amended to include the following:

Damage or theft to Covered Property when left in a locked, unattended vehicle. Damage or theft from a locked, unattended vehicle will be covered ONLY if visible signs of forced entry are evident. The maximum **we** will pay for a **loss** from a locked, unattended vehicle will be \$20,000 per any one occurrence. This coverage is subject to a separate per instrument deductible of \$1,000 and a per claim aggregate deductible of \$3,000.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

BAGGAGE EXCLUSION

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

Section **C. EXCLUSIONS**, paragraph **2** is amended to include the following:

Damage or theft to Covered Property when checked as baggage on any public mode of transportation.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

SCHOOL EXCLUSION

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

Section **C. EXCLUSIONS**, paragraph **2** is amended to include the following:

Damage or theft to Covered Property when left unattended in an unlocked or otherwise unsecured school locker, closet, or music practice room.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

BY:

BUSINESS INCOME AND EXTRA EXPENSE COVERAGE

This endorsement modifies insurance provided under the following:

MUSICAL INSTRUMENT COVERAGE FORM

It is hereby understood and agreed that the following is added to:

1. Section **A. COVERAGE**, paragraph **3. Coverage Extensions**:

Business Income and Extra Expense

We shall pay for the actual **loss** of **your business income** and **extra expense** due to the necessary suspension of **your operations** during the **period of restoration** of **Covered Property** described in the Declarations for which a Limit of Insurance is shown for **business income** and **extra expense** coverage. The suspension must be caused by or resulting from direct physical **loss** of or damage to **Covered Property** by a **Covered Cause of Loss**.

2. Section **F. DEFINITIONS**:

Business Income means:

- a. Net Income (net profit or **loss** before income taxes) that would have been earned or incurred;
- b. Continuing normal operating expenses incurred, including payroll; and
- c. Rental value.

Extra Expense means necessary expenses **you** incur during the **period of restoration** that **you** would not have incurred if there had been no direct physical **loss** of or damage to **Covered Property** caused by or resulting from a **Covered Cause of Loss**.

To the extent it reduces the amount of **loss** that otherwise would have been payable under this Coverage Part, **extra expense** includes costs to repair or replace **Covered Property** and expenses **you** incur to avoid or minimize the suspension of business and to continue **operations**:

- a. At the premises described in the Declarations; or
- b. At replacement premises or at temporary locations. Extra expense shall include relocation expenses, which include:
 - i. Costs to equip and operate the replacement or temporary locations; or
 - ii. Costs to minimize the suspension of business if **you** cannot continue **operations**.

Period Of Restoration means the period of time that:

- a. Begins with the date of direct physical **loss** or damage caused by or resulting from any **Covered Cause of Loss** to the **Covered Property** described in the Declarations; and
- b. Ends on the date when the **Covered Property** described in the Declarations should be repaired or replaced with reasonable speed and similar quality.

Period of restoration does not include any increased period required due to the enforcement of any ordinance or law that requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize, or in any way respond to or assess the effects of **pollutants**.

Operations means:

- a. **Your** business activities occurring at the premises described in the Declarations; and
- b. The functionality of the **Covered Property** described in the Declarations.

Occurrence means any one **loss**, disaster, casualty, or series of **losses**, disasters, or casualties arising out of one event. When the term applies to **loss** or **losses** from the perils of tornado, cyclone, hurricane, windstorm, hail, riot, riot attending a strike, civil commotion, and vandalism and malicious mischief, one event shall be construed to be all **losses** arising during a continuous period of seventy-two (72) hours. When filing proof of **loss**, **you** may elect the moment at which the seventy-two (72) hour period shall be deemed to have commenced, which shall not be earlier than when the first **loss** to **Covered Property** occurred.

3. Section **G. DEDUCTIBLE:**

We shall not pay for **loss** or damage in any one **occurrence** until the amount of **loss** or damage exceeds the applicable deductible shown in the Declarations. **We** shall then pay the amount of **loss** or damage in excess of the deductible, up to the applicable Limit of Insurance.

If more than one deductible applies to **business income** and **extra expense** coverages as a result of one **occurrence**, **you** shall pay the highest applicable deductible.

All other terms, conditions, and exclusions remain unchanged.

Authorized Representative

NEW HAMPSHIRE INSURANCE COMPANY

A Stock Insurance Company

Executive Offices: 70 Pine Street, New York, NY 10270

**COMMERCIAL INLAND MARINE COVERAGE PART
COMMON POLICY DECLARATIONS**

RENEWAL OF NUMBER



EXECUTIVE OFFICES
70 PINE STREET • NEW YORK, NY 10270

POLICY NO.

NAMED INSURED

MAILING ADDRESS

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PRODUCER:

BUSINESS DESCRIPTION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	\$ _____
Commercial Inland Marine Coverage Part	\$ _____
TOTAL	\$ _____
Premium shown is payable: \$ _____ at inception.	

Form(s) and Endorsement(s) made part of this policy at time of issue*:

CM 0021 (9/00); CM 0001 (9/00); End. #1 – Valuation Clause;

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned: _____ By _____
Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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NEW HAMPSHIRE INSURANCE COMPANY
A Stock Insurance Company
Executive Offices: 70 Pine Street, New York, NY 10270

Renewal of Number*

Policy No.

**COMMERCIAL INLAND MARINE COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

AIG MEMBER COMPANIES OF
AMERICAN INTERNATIONAL GROUP, INC.
EXECUTIVE OFFICES
70 PINE STREET • NEW YORK, N.Y. 10270

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code) *

Policy Period *: From _____ to _____ Producer: _____

at 12:01 A.M. Standard Time at your mailing address shown above.

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

BUSINESS DESCRIPTION*

LOCATION	LIMIT	COINSURANCE	DEDUCTIBLE
Locations identified under Commercial Property Part Supplemental declarations			

LOCATION	LIMIT	COINSURANCE	DEDUCTIBLE
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PREMIUM FOR THIS COVERAGE PART

Premium for this coverage part \$ _____

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Parts and made par t of this policy at time of issue:

Countersigned:*

By _____ *

* Entry optional if shown in Common Policy Declarations.

† Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

Authorized Representative

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COV-
ERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



AMERICAN INTERNATIONAL COMPANIES®

NEW HAMPSHIRE INSURANCE COMPANY

**70 Pine Street
New York, NY 10270
(212) 770-7000**

MUSICAL INSTRUMENT PROGRAM

SPECIALTY MUSICAL INSTRUMENT APPLICATION

FOR SYMPHONY ORCHESTRAS

Named Insured: _____
Street Address _____
City: _____ State: _____ ZIP: _____
Phone: (____) _____ Fax: (____) _____
E-mail/website address: _____

Location/address where symphony-owned instruments are kept, if different from above?

Street Address: _____

City: _____ State: _____ Zip: _____

Year Built: _____ # of stories: _____ Total sq ft: _____

Construction type of building (wood, brick, etc.): _____

Vault or safe for instruments? Yes or No

Please describe any/all protective devices where the symphony owned instruments are kept (please describe any measures taken to prevent loss to your property):

Central station alarm: Fire _____ Burglar _____

Is the location occupied daily? Yes or No

Is the location within 250 feet of any designated brush fire area? Yes or No

How far is the location from coastal or inter-coastal body of water? _____

California locations only: Is location retrofitted to protect from earthquake? Yes or No

Have you ever been declined, cancelled, or non-renewed for insurance coverage? Yes or No

If yes, please tell us the reason: _____

How many full time/part time members does the symphony have? _____

Do you wish to include instruments of family members or retired musicians? Yes or No
How often does the symphony tour with the instruments? _____

If the symphony tours, please provide a schedule of the expected tours and advise of security measures that are taken to prevent loss during the tours. (i.e. special travel cases, supervision of instruments during transit to and from airport and lodging, etc):

Please tell us the greatest monetary value of instruments taken on each tour:

Do you ever leave your instrument(s) in your vehicle/trailer overnight? Yes or No
If yes, please explain the security measures taken to prevent theft/vandalism:

Please list and describe all individual instruments over the value of \$250,000.00:

Please list below all claims filed in the past 5 years. Check here ____ if no claims

Date	Description of Claims	Amount
------	-----------------------	--------

Current insurer? _____ Reason for switching? _____

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 ARKANSAS, NEW MEXICO 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 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 AUTHORITIES

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 IN THE THIRD DEGREE.

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 LOUISIANA 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 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 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 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 (365:15-1-10, 36 §3613.1).

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 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THIS POLICY IS FOR MUSICAL INSTRUMENT COVERAGE ONLY.

No coverage can be in force until it is approved by the Company or its authorized agent. All items insured over \$5,000.00 must have a detailed appraisal documenting its condition and value.

Signed _____

(Applicant)

Date _____

Title _____

(must be signed by authorized officer)

Organization _____

(Organization's Seal)

Attest _____

Producer _____

License Number _____

Address _____



AMERICAN INTERNATIONAL COMPANIES®

NEW HAMPSHIRE INSURANCE COMPANY

**70 Pine Street
New York, NY 10270
(212) 770-7000**

MUSICAL INSTRUMENT PROGRAM

**RENEWAL APPLICATION FOR SPECIALTY MUSICAL INSTRUMENT &
RECORDING STUDIO INSURANCE**

Personal Information: To be completed by the primary user of the instrument(s). Please circle "Yes" or "No" where applicable.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Evening: (____) _____ Cell: (____) _____ Fax: (____) _____

Email Address: _____

Are you over the age of majority so that you are legally able to enter into a contract? Yes or No

Emergency Contact Person? Name: _____ Phone #: (____) _____

Storage Location where instrument(s) are kept, if different from your address:

Street Address: _____

City: _____ State: _____ Zip: _____

Please update the following as applicable: Check here _____ if no change and go to Page 2

Year built? _____ Construction of building? _____ Vault or safe for instruments? Yes or No

Number of Stories/Levels of building? _____ Sq ft: _____ Humidifier? Yes or No

Please describe any/all protective devices: (give detail of any measures taken to prevent loss to your property)

Central station alarm: Fire _____ Burglar _____ Is the location occupied daily? Yes or No

Is the location within 250 feet of any designated brush fire area? Yes or No

How far is storage location from coastal or inter-coastal body of water? _____

California locations only: Is the location retrofitted to protect from earthquake? Yes or No

Please list below all claims filed in the last 5 years: _____ Check here if no claims.

Do you travel with your instrument(s)? Yes or No If yes, how many times per year:

What type of precautions do you take when traveling: _____

IMPORTANT: Please review the enclosed list of insured instruments and advise if there are any changes in value (provide updated appraisal if applicable).

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 ARKANSAS, NEW MEXICO 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 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 AUTHORITIES

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.

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Signed _____

(Applicant)

Date _____

Title _____

(must be signed by authorized officer)

Organization _____

(Organization's Seal)

Attest _____

Producer _____

License Number _____

Address _____



AMERICAN INTERNATIONAL COMPANIES®

NEW HAMPSHIRE INSURANCE COMPANY

**70 Pine Street
New York, NY 10270
(212) 770-7000**

MUSICAL INSTRUMENT PROGRAM

Application for Dealers, Makers, Restorers/Repairers
THIS POLICY IS FOR BUSINESS CONTENTS COVERAGE ONLY!

GENERAL

Name: _____
Street Address: _____ Suite#: _____
City: _____ State: _____ Zip: _____
Phone#: () _____ Fax#: () _____
Years in business: _____ Name of owner-principal: _____

BUILDING

Construction (i.e. Wood, Brick, Cinderblock, Fire Resistant): _____

Year Built: _____ Sprinklered: Yes or No

Square footage: _____ Number of levels/stories: _____

Is the shop/store alarmed? Yes or No

If yes, describe alarm: _____

Describe other building occupants: _____

Is your location within 250 feet of any designated brush fire area? Yes or No

How far is the location from a coastal or inter-coastal body of water? _____

California locations only - Is location retrofitted to protect from earthquake? Yes or No
If yes, please describe:

Do you buy/sell instruments by mail order through the internet? Yes or No
If yes, what is percentage of total sales? _____

PRIOR INSURANCE

Have you ever been cancelled or non-renewed? Yes or No

If yes, please tell us the reason: _____

Have you had any claims in the past 5 years? Yes or No

If yes, please include loss description, date of loss, and amount paid:

COVERAGE REQUESTED

Coverage limit at your shop: _____

Coverage limit away from your shop including on loan to customers, at other dealers/agents: _____

Coverage limit in transit: _____

If applicable, coverage limit for furniture, computers, sheet music, tools/machinery: _____

If applicable, coverage limit for raw wood, silver, other raw materials: _____

Annual gross sales: \$_____ Annual payroll: \$_____

OPTIONAL COVERAGE

Worldwide: Yes or No Earthquake: Yes or No Flood: Yes or No

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Signed _____

(Applicant)

Date _____

Title _____

(must be signed by authorized officer)

Seal)

Organization _____

(Organization's

Attest _____

Producer _____

License Number _____

Address _____



AMERICAN INTERNATIONAL COMPANIES®

NEW HAMPSHIRE INSURANCE COMPANY

**70 Pine Street
New York, NY 10270
(212) 770-7000**

MUSICAL INSTRUMENT PROGRAM

***SPECIALTY MUSICAL INSTRUMENT &
RECORDING STUDIO INSURANCE APPLICATION***

Name: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Day: (____) _____ Evening: (____) _____ Cell: (____) _____
Fax: (____) _____
E-mail address: _____

Are you over the age of majority so that you are legally able to enter into a contract?
Yes or No

Emergency contact person? Name: _____
Phone #: (____) _____

Location/address where instruments are kept, if different than above?
Street Address: _____
City: _____ State: _____ Zip: _____

Year Built: _____ Construction of building: _____

Number of stories/levels of building? _____ Sq ft: _____

Vault or safe for instruments? Yes or No Humidifier? Yes or No

Please describe any/all protective devices (please describe any measures taken to prevent
loss to your property):

Central station alarm: Fire _____ Burglary _____

Is the location occupied daily? Yes or No

Is the location within 250 feet of any designated brush fire area? Yes or No

How far is the location from a coastal or inter-coastal body of water?

California locations only - Is location retrofitted to protect from earthquake? Yes or No

Have you ever been declined, cancelled, or non-renewed for insurance coverage? Yes or No

If yes, please tell us the reason:

Are you a member of any musicians' associations? If yes, please indicate which organization. _____

Please describe the types of venues in which you play? (i.e. Bar, Orchestra, Church, Home, etc.) _____

Are you the owner of the instruments? Yes or No

If No, please provide full name and address of the owner:

Are you the primary user of the instrument(s)? Yes or No

When were the instrument(s) last appraised? (For instruments valued at \$250,000 and above): _____

Are your instrument(s) ever exhibited? Yes or No

Do you ever leave your instrument(s) in your vehicle/trailer overnight? Yes or No
If yes, please explain the security measures taken to prevent theft/vandalism:

Do you buy and or sell instruments more than one time per year? Yes or No

Please list below all claims filed in the last 5 years. Check here if no claims. _____

How often do you ship your instrument(s) via common carrier (UPS, FedEx etc)?

(If Never, state Never)

Have you ever had any item repossessed, been convicted of a crime, or filed bankruptcy?
Yes or No If yes, please explain. _____

Do you travel with your instrument(s)? _____

If yes, how many times per year _____ To where: _____

How many days do you typically stay at a temporary location? _____

Current insurer? _____
Reason for switching? _____

RECORDING STUDIOS ONLY:

My studio is located in a: _____ Commercial building
_____ Private home/apartment

I take my equipment/gear away from the studio: ___ Never
_____ Sometimes

Is your studio equipment located below ground level? ___ YES ___ NO
(Policy excludes coverage for water damage or flood if the equipment is located below ground level)

Schedule of instruments to be insured:

Instrument type	Description	Agreed value
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____
4) _____	_____	\$ _____
5) _____	_____	\$ _____

The TOTAL value of coverage requested
\$ _____

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(Applicant)

Date _____

Title _____
(must be signed by authorized officer)

Organization _____
(Organization's Seal)

Attest _____

Producer _____

License Number _____

Address _____

SERFF Tracking Number: *AGNY-125199353* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *AR-PC-07-025989*
Company Tracking Number: *AIC-07-IM-01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0000 Inland Marine Sub-TOI Combinations*
Product Name: *Clarion Musical Instrument Program*
Project Name/Number: *Clarion Musical Instrument Program/AIC-07-IM-01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125199353 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: AR-PC-07-025989
Company Tracking Number: AIC-07-IM-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/07/2007

Comments:

Attachment:

PCTD - Forms - AR.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 09/07/2007

Comments:

Attachment:

Form Listing.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
New Hampshire Insurance Company	PA	23841	02-0172170

5. Company Tracking Number	AIC-07-IM-01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Monique Myers 175 Water Street New York, NY 10038	Filing Analyst	212-458-6346	212-458-7077	Monique.Myers@aig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Monique Myers

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	9.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0 Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Clarion Musical Instrument Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: October 10, 2007 Renewal: October 10, 2007
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	September 4, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-07-IM-01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New Hampshire Insurance Company submits for your review and approval it's Clarion Musical Instrument Program (the "Program"). The Program provides property coverage on musical instruments for professional musicians and musical instrument dealers nationwide.

Please refer to the attached Forms Listing for information about the forms included in this submission.

As required, the rate page is being submitted separately.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #: 00101987
Amount: \$150.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-07-IM-01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AIC-07-IM-01			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Musical Instrument Coverage Form	86271 (6/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Inland Marine Policy Declarations	86272 (11/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Vehicle Exclusion	86274 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Water Damage Exclusion	86275 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Transit Exclusion	86276 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Vehicle Limitation Endorsement	86277 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Baggage Exclusion	86278	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	School Exclusion	86279 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Business Income and Extra Expense Coverage	87411 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Commercial Inland Marine Coverage Part Common Policy Declarations	93826 (12/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Commercial Inland Marine Coverage Part Supplemental Declarations	93829 (12/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

12	Specialty Musical Instrument Application For Symphony Orchestras	94393 (7/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Renewal Application For Specialty Musical Instrument & Recording Studio Insurance	94394 (7/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Applications for Dealers, Markers, Restorers/Repairs	94437 (7/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Specialty Musical Instruments & Recording Studio Insurance Application	94438 (7/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Arkansas Cancellation/Non-Renewal Endorsement	52131 (11/03)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Arkansas Changes	94883 (6/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Form Listing
Clarion Musical Instrument Program
Filing No. AIC-07-IM-01

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Musical Instrument Coverage Form	86271 (6/07)	P	N		M		no	Inland Marine Policy Form
2	Inland Marine Policy Declarations	86272 (11/06)	D	N		M		no	Declarations
3	Vehicle Exclusion	86274 (4/07)	E	N		O	R	no	Excludes coverage in unattended vehicles.
4	Water Damage Exclusion	86275 (4/07)	E	N		O	R	no	Excludes coverage to recording property or electronics stored below ground level from water damage.
5	Transit Exclusion	86276 (4/07)	E	N		O	R	no	Excludes damage or theft to musical instruments while being shipped.
6	Vehicle Limitation Endorsement	86277 (4/07)	E	N		O	R	no	Provides limited coverage in a locked, unattended vehicle.
7	Baggage Exclusion	86278 (4/07)	E	N		O	R	no	Excludes coverage for damage or theft on a public mode of transportation while checked as baggage.
8	School Exclusion	86279 (4/07)	E	N		O	R	no	Excludes coverage for damage or theft when left unattended in an unlocked locker, music practice room or unsecured closet at school.
9	Business Income and Extra Expense Coverage	87411 (4/07)	E	N		O	B	no	Gives additional coverage for business income & business interruption.
10	Commercial Inland Marine Coverage Part Common Policy Declarations	93826 (12/06)	D	N		M		no	Declarations
11	Commercial Inland Marine Coverage Part Supplemental Declarations	93829 (12/06)	D	N		M		no	Declarations
12	Specialty Musical Instrument Application For Symphony Orchestras	94393 (7/07)	A	N					Application
13	Renewal Application For Specialty Musical Instrument & Recording Studio Insurance	94394 (7/07)	A	N					Application
14	Application for Dealers, Makers, Restorers/Repairers	94437 (7/07)	A	N					Application
15	Specialty Musical Instrument & Recording Studio Insurance Application	94438 (7/07)	A	N					Application

A = Application
D = Declarations
E = Endorsement
P = Policy
O = Other (Please explain)

Yes or No

SERFF Tracking Number: *AGNY-125199353* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *AR-PC-07-025989*
Company Tracking Number: *AIC-07-IM-01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0000 Inland Marine Sub-TOI Combinations*
Product Name: *Clarion Musical Instrument Program*
Project Name/Number: *Clarion Musical Instrument Program/AIC-07-IM-01*

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Commercial Inland Marine Coverage Part Common Policy Declarations	08/29/2007	93826 (12-06) - DEC PAGE - Common Policy.pdf

ILLINOIS NATIONAL INSURANCE COMPANY
A Stock Insurance Company **Executive Offices:**
300 South Riverside Plaza, Suite 2100
Chicago, IL 60606
COMMERCIAL INLAND MARINE COVERAGE PART
COMMON POLICY DECLARATIONS

RENEWAL OF NUMBER

 Member Companies of
American International Group, Inc.
EXECUTIVE OFFICES
70 PINE STREET • NEW YORK, NY 10270

POLICY NO.

NAMED INSURED

MAILING ADDRESS

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PRODUCER: .

BUSINESS DESCRIPTION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	\$ _____
Commercial Inland Marine Coverage Part	\$ _____
TOTAL	\$ _____
Premium shown is payable: \$ _____ at inception.	

Form(s) and Endorsement(s) made part of this policy at time of issue*:

CM 0021 (9/00); CM 0001 (9/00); End. #1 – Valuation Clause;

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned:

By _____
Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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93826 (12/06)