

STUDENT OWNED MUSICAL INSTRUMENT INSURANCE REGISTRATION

Student Name _____

School _____ Grade _____ Teacher _____

Parent Name _____ Phone _____

Address _____ Zip _____

DESCRIPTION OF INSTRUMENT:

Type of Instrument _____ Brand _____

Model _____ Serial No. _____ Value \$ _____

Parent Signature _____ Date _____

FOR SCHOOL USE:

Estimated Value when Registered \$ _____

Teacher Signature _____ Date _____

Note: Actual value of the instrument will be determined by the insurance adjuster at the time a loss occurs.