

Our policy is performance.™

Musical Instrument and Equipment Damage Questionnaire

Hanover Claim No:	
Named Insured (individual or b	pand):
Telephone No:	Email address:
Date of Loss:	Certificate No:
Loss Location:	
Damaged Equipment (include r	nanufacturer, model, and serial number when applicable):
Please give a brief description of	of how loss occurred and extent of damage:

Please attach:

Photos of damage

- Original Bill of sale, receipts, or purchase orders showing purchase date and original cost of item (also any showing upgrades to item)
- Estimate or repair bill for each piece of equipment damaged, obtained from a certified repair shop. Shop invoice should include the shop name, address & phone #. Serial number of item damaged needs to be included on the bill.
- All total losses (non-repairable items) need repair estimates showing item can not be repaired. Please do not discard the item as Hanover may request the item be sent to them when claim is settled

Questionnaire & documents should include your claim number and be forwarded to:

Email: docmgtuplds@hanover.com Fax: 508-926-5660 mail: 440 Lincoln St Worc MA 01653

If the loss is being reported for the first time via this form, please submit to firstreport@hanover.com