



Our policy is performance.™

Musical Instrument and Equipment Theft Questionnaire

Hanover Claim No: _____

Named Insured (individual or band): _____

Telephone No: _____

Email address: _____

Date of Loss: _____

Certificate No: _____

Loss Location: _____

Stolen Equipment (include manufacturer, model, and serial number when applicable): _____

Please give a brief description of how loss occurred: _____

Please attach:

- Original Bill of sale, receipts, or purchase orders showing purchase date and original cost of item (also any showing upgrades to item)
- Police report (or Department name, location and report number so we may request a copy)
- Replacement estimates-this can be from any source where you would replace the item

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

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

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