Impairment Report

Policy number: _____

(Format: X X X-X X X X X X. Hanover Specialty customers should add X X before the policy letter in the first three spaces and eliminate the second hyphen in their policy number.)

Company name: _____   Address: _____

City: _____   State: _____

Contact name: _____   Contact phone: _____

Contact email: _____

Type of impairment:

☐ Sprinkler system   ☐ Fire pump   ☐ Special fire protection system   ☐ Security/burglar alarm

Expected duration of impairment: _____

Extent of impairment: _____

(For example: underground main break impaired 100% of sprinkler system)

Have you reviewed the impairment checklist?   ☐ Yes   ☐ No

Please fill out the above and attach to an email to: LCIMPAIR@HANOVER.COM.

For the impairment checklist for Fire Prevention, go to https://www.hanover.com/businesses/business-customer-resources/hanover-risk-solutions/fire-protection-impairment-management.

For the Jeweler's Impairment checklist, go to https://www.hanover.com/jewelers-alarm-system-impairment.