

LEONARD INSURANCE GROUP, INC.

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Rowing Equipment Claim Form

Named Insured: (How you are listed on the paperwork from us)

Date of Loss: Last 5 digits of policy # -

Location of Loss: (City, State, road, body of water, etc)

Name of person filling out this report:

Phone number: **E-Mail:**

Equipment involved in loss: (Attach schedule and indicate which item(s) if necessary.)

Description of what actually happened:

If someone else was at fault, please provide contact information.

Repair Facility you intend to use:

Estimate of loss in dollars if known:

''

Please indicate who should receive the insurance proceeds, the repair facility or the insured:

In the event of a total loss there can be salvage so please indicate if you think that applies.

Any other comments: