

SERFF Tracking Number: AMAX-125357871 State: Arkansas
Filing Company: The Hanover Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CIM-CW-07555-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: The Hanover Insurance Company
Project Name/Number: Hanover Rev Residential Bldrs Risk Endts CIM-CW-07555-01/CIM-CW-07555-01

Filing at a Glance

Company: The Hanover Insurance Company

Product Name: The Hanover Insurance Company SERFF Tr Num: AMAX-125357871 State: Arkansas

Company

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: CIM-CW-07555-01

State Status: Fees received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: SPI AAIS

Disposition Date: 11/15/2007

Date Submitted: 11/13/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 11/15/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: Hanover Rev Residential Bldrs Risk Endts CIM-CW-07555-01

Status of Filing in Domicile: Not Filed

Project Number: CIM-CW-07555-01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/15/2007

State Status Changed: 11/14/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: CIM-CW-07555-01

The Hanover Insurance Company NAIC #: 0088-22292 FEIN: 13-5129825

Inland Marine Program - Residential Builders' Coverage

Revised Endorsements

Dear Sir or Madam:

SERFF Tracking Number: AMAX-125357871 State: Arkansas
Filing Company: The Hanover Insurance Company State Tracking Number: EFT \$50
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On behalf of The Hanover Insurance Company (Hanover), the American Association of Insurance Services (AAIS) is submitting a revision to their Residential Builders' Coverage Program. Hanover is affiliated with AAIS for this line of insurance.

The Filing Memorandum provides a detailed description of the changes being proposed at this time. A mockup of changes to the revised endorsements are attached. Copies of all materials are enclosed.

Hanover proposes to implement this filing effective your date of approval.

Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

Laura M. Lemke, ACP
Supervisor, State Filings
laural@AAISonline.com

Company and Contact

Filing Contact Information

Laura Lemke, Supervisor, State Filings
1745 South Naperville Road
Wheaton, IL 60187-8132

laural@AAISonline.com
(630) 681-8347 [Phone]
(630) 681-8356[FAX]

Filing Company Information

The Hanover Insurance Company
440 Lincoln Street
Worcester, MA 01653
(508) 855-1000 ext. [Phone]

CoCode: 22292
Group Code: 88
Group Name:
FEIN Number: 13-5129825

State of Domicile: New Hampshire
Company Type:
State ID Number:

SERFF Tracking Number: AMAX-125357871 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Hanover Insurance Company	\$50.00	11/13/2007	16623205

SERFF Tracking Number: AMAX-125357871 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/15/2007	11/15/2007

SERFF Tracking Number: *AMAX-125357871* *State:* *Arkansas*
Filing Company: *The Hanover Insurance Company* *State Tracking Number:* *EFT \$50*
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Disposition

Disposition Date: 11/15/2007

Effective Date (New): 11/15/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMAX-125357871 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	Hanover Letter of Authorization	Approved	Yes
Supporting Document	Hanover Rev Endt Filing Memo	Approved	Yes
Supporting Document	Hanover IM 5051 10 07 to 05 05	Approved	Yes
Supporting Document	Hanover IM 5071 09 07 to 05 05	Approved	Yes
Supporting Document	Hanover IM 5072 07 07 to 05 05	Approved	Yes
Form	Defects, Errors, And Omissions Coverage	Approved	Yes
Form	Named Storm Exclusion - Excluding High Hazard Areas	Approved	Yes
Form	Schedule of Coverages - Residential Builders' Coverage	Approved	Yes

SERFF Tracking Number: AMAX-125357871 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Defects, Errors, And Omissions Coverage	IM 5071	09 07	Endorsement/Amendment/Conditions	Replaced Form #:40.03 IM 5071 05 05 Previous Filing #: AR-PC-06-018986		IM 5071.PDF
Approved	Named Storm Exclusion - Excluding High Hazard Areas	IM 5072	07 07	Endorsement/Amendment/Conditions	Replaced Form #:47.95 IM 5072 05 05 Previous Filing #: AR-PC-06-018986		IM 5072.PDF
Approved	Schedule of Coverages - Residential Builders' Coverage	IM 7051	10 07	Declarations/Schedule	Replaced Form #:51.17 IM 5051 05 05 Previous Filing #: AR-PC-06-018986		IM 7051.PDF

DEFECTS, ERRORS, AND OMISSIONS COVERAGE

SUPPLEMENTAL COVERAGES

Defects, Errors And Omissions --

1. **Coverage** -- "We" will pay the cost of making good the loss of or damage to covered property while at the "jobsite" arising out of an act, defect, error, or omission (negligent or not) relating to design, specifications, construction, materials, or workmanship.
2. **Limit** -- The most "we" pay for all losses at all buildings or structures, including "defense expenses", is \$10,000. This limit is the most we pay for the total of all loss or damage, including "defense expenses", arising out of all occurrences during each separate 12-month period beginning with the inception date of this policy.

PERILS EXCLUDED

The exclusion for Defects, Errors And Omissions still applies except to the extent that coverage is provided under this endorsement.

HOW MUCH WE PAY

The following are added to How Much We Pay:

1. **Deductible** -- "We" pay only that part of "your" loss over the deductible amount shown in the "schedule of coverages" in any one occurrence. This deductible also applies to any "defense expenses" we incur. The deductible amount does not reduce the limit payable. You agree to reimburse us up to the deductible amount for any "defense expenses", settlement or damages we incur.
2. **Excess Insurance** -- "You" may purchase insurance in excess of the applicable "limit". Such excess insurance will not be considered in applying Insurance Under More Than One Policy nor will it be considered in the application of any pro rata or apportionment provision.

ADDITIONAL DEFINITIONS

"Defense expenses" means only reasonable attorney fees and necessary litigation expenses, investigation, adjustment, appraisal, defense and appeal costs and expenses and pre and post judgment interest, paid or incurred by or on behalf of "you".

"Your" salaries, expenses or administrative costs including "your" employees or any insurer are not included within the meaning of "defense expenses".

IM 5071 09 07

NAMED STORM EXCLUSION EXCLUDING HIGH HAZARD AREAS

Named Tropical Windstorm And Hurricane Exclusion --

1. **Exclusion** -- "We" do not pay for loss or damage caused directly or indirectly by a named tropical windstorm and hurricane. Such loss or damage is excluded regardless of other causes or events that contribute to or aggravate the loss, whether such causes or events act to produce the loss before, at the same time as, or after the excluded cause.
2. **Excluded Locations And High Hazard Areas** -- The named tropical windstorm and hurricane exclusion applies to building and installation projects located:
 - a. in the entire state of FLORIDA;
 - b. within 75 miles inland for the states of Alabama, Louisiana, Mississippi, and Texas;
 - c. within 50 miles inland for the states of Georgia, North Carolina, and South Carolina; and
 - d. within 5 miles inland for the states of Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, and Virginia.
3. **Named Tropical Windstorm Or Hurricane** -- A named tropical windstorm or hurricane means a storm system that has been declared and named a tropical windstorm or hurricane by the National Hurricane Center of the National Weather Service continuing for the time period during which the tropical storm or hurricane conditions exist and ending 72 hours following the termination of the last tropical storm or hurricane watch or warning issued by the National Hurricane Center of the National Weather Service.
4. **Other Terms** -- All other terms of your policy remain the same.

SCHEDULE OF COVERAGES RESIDENTIAL BUILDERS' COVERAGE

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

SCHEDULE OF JOBSITES

Jobsite No.	Jobsite Location	Construction Type	Project Type

[] Attach Schedule of Additional Projects to schedule more projects

LIMITS OF INSURANCE

Limits

Any One Building or Structure \$ _____

Soft Cost and Rental Income \$ _____

CATASTROPHE LIMIT

The most "we" pay for loss in any one occurrence for all hard costs, soft costs, and all other coverages at all "jobsites" is: \$ _____

COVERAGE EXTENSIONS AND SUPPLEMENTAL COVERAGES

The "limit" for Coverage Extensions and Supplemental Coverages are shown in the Residential Builders' Coverage Form. If a different "limit" is shown below that "limit" will replace the "limit" in the Residential Builders' Coverage Form.

Additional Debris Removal Expenses	\$ _____
Emergency Removal	_____ days
Emergency Removal Expenses	\$ _____
Fraud And Deceit	\$ _____
Limited Fungus Coverage	\$ _____
Waterborne Property	\$ _____
Contract Penalty	\$ _____
Expediting Expenses	\$ _____
Fire Department Service Charges	\$ _____
Free Standing Appliances	\$ _____
Home Pending Sale	<u>Covered</u>
Sales and Office Trailers	\$ _____
Ordinance Or Law (Undamaged Parts Of A Building)	<u>Covered</u>
Ordinance Or Law (Increased Cost To Repair And Demolish/Clear Site)	\$ _____
Pollutant Cleanup And Removal	\$ _____
Personal Property	\$ _____
Property In Transit	\$ _____
Re-Erecting Scaffolding	\$ _____
Rewards	\$ _____
Nonadjacent Roadways And Walkways	\$ _____
Sewer Backup	\$ _____
Storage Locations	\$ _____
Trees, Shrubs, And Plants	\$ _____
Valuable Papers	\$ _____

OPTIONAL EARTHQUAKE COVERAGE (check if applicable)

Earthquake Coverage (attach Earthquake Coverage Endorsement)

Occurrence Limit -- The most "we" pay
for loss in any one occurrence is: \$ _____

Aggregate Limit -- The most "we" pay
for all losses in a 12-month period is: \$ _____

OPTIONAL FLOOD COVERAGE (check if applicable)

Flood Coverage (attach Flood Coverage Endorsement)

Occurrence Limit -- The most "we" pay
for loss in any one occurrence is: \$ _____

Aggregate Limit -- The most "we" pay
for all losses in a 12-month period is: \$ _____

DEDUCTIBLE

Deductible amount for all covered perils
except as shown below: \$ _____

Earthquake Deductible (if coverages is provided) \$ _____

Flood Deductible (if coverages is provided) \$ _____

Other _____ \$ _____

Soft Costs Waiting Period _____ Days

OPTIONAL REPORTING CONDITIONS

- Per Start Reporting Conditions
- Completed Value Reporting Conditions
- Other (Describe) _____

Reporting Period (check one)

- Monthly
- Quarterly
- Annually

Adjustment Period (check one)

- Monthly
- Quarterly
- Annually

Additional Premium Due After Expiration -- When the premium for the coverage provided by this policy is based upon reports of value any additional premium owed to "us" is due on the due date that appears on the billing notice.

Construction Type	Project Type	Location/ or State	Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREMIUMS:

Deposit Premium \$ _____

Minimum Premium \$ _____

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Product Name: *The Hanover Insurance Company*
Project Name/Number: *Hanover Rev Residential Bldrs Risk Endts CIM-CW-07555-01/CIM-CW-07555-01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMAX-125357871 State: Arkansas
Filing Company: The Hanover Insurance Company State Tracking Number: EFT \$50
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: The Hanover Insurance Company
Project Name/Number: Hanover Rev Residential Bldrs Risk Endts CIM-CW-07555-01/CIM-CW-07555-01

Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document-
Property & Casualty **Approved** 11/15/2007
Bypass Reason: Not applicable to this filing
Comments:

Review Status:
Satisfied -Name: AR - FORM FILING ABSTRACT F-
1 **Approved** 11/15/2007
Comments:
Attachment:
AR - FORM FILING ABSTRACT F-1.PDF

Review Status:
Satisfied -Name: Hanover Letter of Authorization **Approved** 11/15/2007
Comments:
Attachment:
Hanover Letter of Authorization.PDF

Review Status:
Satisfied -Name: Hanover Rev Endt Filing Memo **Approved** 11/15/2007
Comments:
Attachment:
Hanover Rev Endt Filing Memo.PDF

Review Status:
Satisfied -Name: Hanover IM 5051 10 07 to 05 05 **Approved** 11/15/2007
Comments:
Attachment:
Hanover IM 5051 10 07 to 05 05.PDF

Review Status:

SERFF Tracking Number: AMAX-125357871 State: Arkansas
Filing Company: The Hanover Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CIM-CW-07555-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: The Hanover Insurance Company
Project Name/Number: Hanover Rev Residential Bldrs Risk Endts CIM-CW-07555-01/CIM-CW-07555-01

Satisfied -Name: Hanover IM 5071 09 07 to 05 05 Approved 11/15/2007
Comments:
Attachment:
Hanover IM 5071 09 07 to 05 05.PDF

SERFF Tracking Number: AMAX-125357871 State: Arkansas
Filing Company: The Hanover Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CIM-CW-07555-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: The Hanover Insurance Company
Project Name/Number: Hanover Rev Residential Bldrs Risk Endts CIM-CW-07555-01/CIM-CW-07555-01

Satisfied -Name: Hanover IM 5072 07 07 to 05 05 **Review Status:** Approved 11/15/2007
Comments:
Attachment:
Hanover IM 5072 07 07 to 05 05.PDF

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 11/13/07

2. Company Name(s) The Hanover Insurance Company

Group Name _____ NAIC No. 22292 Group No. 0088

3. (a) Annual Statement Line of Business Number (Page 14) 9.0

(b) Class of Business Builders Risk

© Coverages Affected See Filing Memo

4. (a) Name of Advisory Organization, if any American Association of Insurance Services

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

(b) Date of Filing _____

© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

CW filing in process

8. Is the form filed in response to or due to legislation? If so, specify legislation.

No

9. Is the form in response to or due to recent court decisions? If so, give citation.

No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Laura M Zeme

Signature

Supervisor, State Filings (AAIS)

Title

630-681-8347

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
IM 5071 05 05	12/15/07	IM 5071 09 07	Defects, Errors, And Omissions Coverage See Filing Memo
IM 5072 05 05	12/15/07	IM 5072 07 07	Named Storm Exclusion - Excluding High Hazard Areas See Filing Memo
IM 5051 05 05	12/15/07	IM 7051 10 07	Schedule of Coverages - Residential Builders' Coverage See Filing Memo

LETTER OF AUTHORIZATION

I, Valerie A. Sandstrom (name), of

The Hanover Insurance Group (company name), hereby certify that I have authority to bind and obligate the company as follows:

Please accept this form as authorization that we have contracted with the American Association of Insurance Services (AAIS) to submit this filing on our behalf.

Valerie Sandstrom
(signature)

Director Commercial Marine
(title)

10/25/07
(date)

Explanatory Memorandum - Forms and Endorsements

On behalf of The Hanover Insurance Company (HIC), an inland marine filing is being submitted for revised endorsements for the **Residential Builders' Coverage** class.

The revised endorsements incorporate format changes as well as editorial changes intended to clarify coverage intent. The revised endorsements being submitted will replace the versions of these endorsements currently on file in your state.

Copies of the revised endorsements including side-by-side comparisons are enclosed with this filing for your review and approval.

Following is a description of the revised endorsements being submitted:

ENDORSEMENTS

IM 5071 09 07 Defects, Errors, And Omissions Coverage

(Replaces IM 5071 05 05)

This endorsement provides coverage for defects, errors, or omissions as described; the limit for this coverage is \$10,000. Language has been added to include defense expenses as part of the \$10,000 limit.

IM 5072 07 07 Named Storm Exclusion - Excluding High Hazard Areas

(Replaces IM 5072 05 05)

This exclusion endorsement excludes loss or damage by a named tropical windstorm or hurricane as described. The excluded areas are now described as distance inland instead of by counties, parishes, and districts.

SCHEDULES

IM 5051 10 07 Schedule Of Coverages - Residential Builders' Coverage

(Replaces IM 5051 05 05)

This schedule (revised to refer to Earthquake instead of Earth Movement to be compatible with the coverage form) is attached in conjunction with the Residential Builders' Coverage to indicate the applicable limits, jobsites, catastrophe limit, coverage extensions, supplemental coverages, and deductible. It is also used to indicate limits and options such as flood and earthquake and optional reporting conditions.

The Hanover Insurance Co. Proposed IM 5051 10 07	The Hanover Insurance Co. Current IM 5051 05 05	Comments
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**SCHEDULE OF COVERAGES
RESIDENTIAL BUILDERS'
COVERAGE**

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

SCHEDULE OF JOBSITES

Jobsite No.	Jobsite Location	Construction Type	Project Type

[] Attach Schedule of Additional Projects to schedule more projects

**SCHEDULE OF COVERAGES
RESIDENTIAL BUILDERS'
COVERAGE**

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

SCHEDULE OF JOBSITES

Jobsite No.	Jobsite Location	Construction Type	Project Type

[] Attach Schedule of Additional Projects to schedule more projects

No change

<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5051 10 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5051 05 05</p>	<p style="text-align: center;">Comments</p>
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LIMITS OF INSURANCE

	Limits
Any One Building or Structure	\$ _____
Soft Cost and Rental Income	\$ _____

CATASTROPHE LIMIT

The most "we" pay for loss in any one occurrence for all hard costs, soft costs, and all other coverages at all "jobsites" is: \$ _____

COVERAGE EXTENSIONS AND SUPPLEMENTAL COVERAGES

The "limit" for Coverage Extensions and Supplemental Coverages are shown in the Residential Builders' Coverage Form. If a different "limit" is shown below, that "limit" will replace the "limit" in the Residential Builders' Coverage Form.

Additional Debris Removal Expenses	\$ _____
Emergency Removal	_____ days
Emergency Removal Expenses	\$ _____

LIMITS OF INSURANCE

	Limits
Any One Building or Structure	\$ _____
Soft Cost and Rental Income	\$ _____

CATASTROPHE LIMIT

The most "we" pay for loss in any one occurrence for all hard costs, soft costs, and all other coverages at all "jobsites" is: \$ _____

COVERAGE EXTENSIONS AND SUPPLEMENTAL COVERAGES

The "limit" for Coverage Extensions and Supplemental Coverages are shown in the Residential Builders' Coverage Form. If a different "limit" is shown below, that "limit" will replace the "limit" in the Residential Builders' Coverage Form.

Additional Debris Removal Expenses	\$ _____
Emergency Removal	_____ days
Emergency Removal Expenses	\$ _____

No change

No change

No change

<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5051 10 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5051 05 05</p>	<p style="text-align: center;">Comments</p>
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COVERAGE EXTENSIONS AND SUPPLEMENTAL COVERAGES (Cont'd)

Fraud And Deceit	\$_____
Limited Fungus Coverage	\$_____
Waterborne Property	\$_____
Contract Penalty	\$_____
Expediting Expenses	\$_____
Fire Department Service Charges	\$_____
Free Standing Appliances	\$_____
Home Pending Sale	<u>Covered</u>
Sales and Office Trailers	\$_____
Ordinance Or Law (Undamaged Parts Of A Building)	<u>Covered</u>
Ordinance Or Law (Increased Cost To Repair And Demolish/Clear Site)	\$_____
Pollutant Cleanup And Removal	\$_____
Personal Property	\$_____

OVERAGE EXTENSIONS AND SUPPLEMENTAL COVERAGES (Cont'd)

Fraud And Deceit	\$_____
Limited Fungus Coverage	\$_____
Waterborne Property	\$_____
Contract Penalty	\$_____
Expediting Expenses	\$_____
Fire Department Service Charges	\$_____
Free Standing Appliances	\$_____
Home Pending Sale	<u>Covered</u>
Sales and Office Trailers	\$_____
Ordinance Or Law (Undamaged Parts Of A Building)	<u>Covered</u>
Ordinance Or Law (Increased Cost To Repair And Demolish/Clear Site)	\$_____
Pollutant Cleanup And Removal	\$_____
Personal Property	\$_____

No change

<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5051 10 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5051 05 05</p>	<p style="text-align: center;">Comments</p>
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COVERAGE EXTENSIONS AND SUPPLEMENTAL COVERAGES (Cont'd)

Property In Transit \$ _____

Re-Erecting Scaffolding \$ _____

Rewards \$ _____

Nonadjacent Roadways
And Walkways \$ _____

Sewer Backup \$ _____

Storage Locations \$ _____

Trees, Shrubs, And Plants \$ _____

Valuable Papers \$ _____

OPTIONAL EARTHQUAKE COVERAGE
(check if applicable)

Earthquake Coverage (attach Earthquake Coverage Endorsement)

Occurrence Limit -- The most "we" pay for loss in any one occurrence is: \$ _____

Aggregate Limit -- The most "we" pay for all losses in a 12-month period is: \$ _____

COVERAGE EXTENSIONS AND SUPPLEMENTAL COVERAGES (Cont'd)

Property In Transit \$ _____

Re-Erecting Scaffolding \$ _____

Rewards \$ _____

Nonadjacent Roadways
And Walkways \$ _____

Sewer Backup \$ _____

Storage Locations \$ _____

Trees, Shrubs, And Plants \$ _____

Valuable Papers \$ _____

OPTIONAL EARTHQUAKE COVERAGE
(check if applicable)

Earthquake Coverage (attach Earth Movement Coverage Endorsement)

Occurrence Limit -- The most "we" pay for loss in any one occurrence is: \$ _____

Aggregate Limit -- The most "we" pay for all losses in a 12-month period is: \$ _____

No change

No change

Editorial revision; Earth Movement now reads Earthquake.

No change

<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5051 10 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5051 05 05</p>	<p style="text-align: center;">Comments</p>
--	---	--

OPTIONAL FLOOD COVERAGE (check if applicable)

Flood Coverage (attach Flood Coverage Endorsement)

Occurrence Limit -- The most "we" pay for loss in any one occurrence is: \$_____

Aggregate Limit -- The most "we" pay for all losses in a 12-month period is: \$_____

DEDUCTIBLE

Deductible amount for all covered perils except as shown below:

Earthquake Deductible (if coverages is provided) \$_____

Flood Deductible (if coverages is provided) \$_____

Other _____ \$_____

Soft Costs Waiting Period _____ Days

OPTIONAL FLOOD COVERAGE (check if applicable)

Flood Coverage (attach Flood Coverage Endorsement)

Occurrence Limit -- The most "we" pay for loss in any one occurrence is: \$_____

Aggregate Limit -- The most "we" pay for all losses in a 12-month period is: \$_____

DEDUCTIBLE

Deductible amount for all covered perils except as shown below:

Earthquake Deductible (if coverages is provided) \$_____

Flood Deductible (if coverages is provided) \$_____

Other _____ \$_____

Soft Costs Waiting Period _____ Days

No change

No change

The Hanover Insurance Co. Proposed IM 5051 10 07	The Hanover Insurance Co. Current IM 5051 05 05	Comments
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OPTIONAL REPORTING CONDITIONS

- Per Start Reporting Conditions
- Completed Value Reporting Conditions
- Other Describe)_____

Reporting Period (check one)	Adjustment Period (check one)
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Annually	<input type="checkbox"/> Annually

Additional Premium Due After Expiration --
 When the premium for the coverage provided by this policy is based upon reports of value any additional premium owed to "us" is due on the due date that appears on the billing notice.

Construction Type	Project Type	Location/ or State	Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREMIUMS:

Deposit Premium \$_____

Minimum Premium \$_____

OPTIONAL REPORTING CONDITIONS

- Per Start Reporting Conditions
- Completed Value Reporting Conditions
- Other Describe)_____

Reporting Period (check one)	Adjustment Period (check one)
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Annually	<input type="checkbox"/> Annually

Additional Premium Due After Expiration --
 When the premium for the coverage provided by this policy is based upon reports of value any additional premium owed to "us" is due on the due date that appears on the billing notice.

Construction Type	Project Type	Location/ or State	Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREMIUMS:

Deposit Premium \$_____

Minimum Premium \$_____

No change

Added Quarterly Reporting and Adjustment Periods.

No change

No change

The Hanover Insurance Co. Proposed IM 5071 09 07	The Hanover Insurance Co. Current IM 5071 05 05	Comments
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**DEFECTS, ERRORS, AND
OMISSIONS COVERAGE**

SUPPLEMENTAL COVERAGES

Defects, Errors And Omissions --

1. **Coverage** -- "We" will pay the cost of making good the loss of or damage to covered property while at the "jobsite" arising out of an act, defect, error, or omission (negligent or not) relating to design, specifications, construction, materials, or workmanship.
2. **Limit** -- The most "we" pay for all losses at all buildings or structures, including "defense expenses", is \$10,000. This limit is the most we pay for the total of all loss or damage, including "defense expenses", arising out of all occurrences during each separate 12-month period beginning with the inception date of this policy.

**DEFECTS, ERRORS, AND
OMISSIONS COVERAGE**

SUPPLEMENTAL COVERAGES

Defects, Errors and Omissions --

1. **Coverage** -- "We" will pay the cost of making good loss of or damage to covered property while at the "jobsite" arising out of an act, defect, error, or omission (negligent or not) relating to design, specifications, construction, materials, or workmanship.
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No change

No change

In the 09 07 edition of IM 5071, defense expenses are included in the limit paid for all losses at all buildings or structures.

<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5071 09 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5071 05 05</p>	<p style="text-align: center;">Comments</p>
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PERILS EXCLUDED

The exclusion for Defects, Errors And Omissions still applies except to the extent that coverage is provided under this endorsement.

HOW MUCH WE PAY

The following are added to How Much We Pay:

1. **Deductible** -- "We" pay only that part of "your" loss over the deductible amount shown in the "schedule of coverages" in any one occurrence. This deductible also applies to any "defense expenses" we incur. The deductible amount does not reduce the limit payable. You agree to reimburse us up to the deductible amount for any "defense expenses", settlement or damages we incur.

2. **Excess Insurance** -- "You" may purchase insurance in excess of the applicable "limit". Such excess insurance will not be considered in applying Insurance Under More Than One Policy nor will it be considered in the application of any pro rata or apportionment provision.

PERILS EXCLUDED

The exclusion for Defects, Errors and Omissions still applies except to the extent that coverage is provided under this endorsement.

HOW MUCH WE PAY

The following are added to How Much We Pay:

1. **Deductible** -- "We" pay only that part of "your" loss over the deductible amount shown in "schedule of coverages" in any one occurrence.

2. **Excess Insurance** -- "You" may purchase insurance in excess of the applicable "limit". Such excess insurance will not be considered in applying Insurance Under More Than One Policy nor will it be considered in the application of any pro rata or apportionment provision.

No change

Text added to clarify that the deductible also applies to any incurred defense expenses, the deductible amount does not reduce the limit payable, and any incurred defense expenses are to be reimbursed up to the deductible amount.

No change

<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5071 09 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5071 05 05</p>	<p style="text-align: center;">Comments</p>
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ADDITIONAL DEFINITIONS

"Defense expenses" means only reasonable attorney fees and necessary litigation expenses, investigation, adjustment, appraisal, defense and appeal costs and expenses and pre and post judgment interest, paid or incurred by or on behalf of "you".

"Your" salaries, expenses or administrative costs including "your" employees or any insurer are not included within the meaning of "defense expenses".

A definition for "defense expenses" has been added.

<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5072 07 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5072 05 05</p>	<p style="text-align: center;">Comments</p>
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**NAMED STORM EXCLUSION
EXCLUDING HIGH HAZARD AREAS**

**Named Tropical Windstorm And Hurricane
Exclusion --**

1. **Exclusion** -- "We" do not pay for loss or damage caused directly or indirectly by a named tropical windstorm and hurricane. Such loss or damage is excluded regardless of other causes or events that contribute to or aggravate the loss, whether such causes or events act to produce the loss before, at the same time as, or after the excluded cause.
2. **Excluded Locations And High Hazard Areas** -- The named tropical windstorm and hurricane exclusion applies to building and installation projects located:
 - a. in the entire state of FLORIDA;

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2. **Excluded Locations** -- The named tropical windstorm and hurricane exclusion applies to building and installation projects located in the:
 - a. entire state of FLORIDA; and

No change

No change

Editorial revision; no change in intent

<p align="center">The Hanover Insurance Co. Proposed IM 5072 07 07</p>	<p align="center">The Hanover Insurance Co. Current IM 5072 05 05</p>	<p align="center">Comments</p>
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<p>b. within 75 miles inland for the states of Alabama, Louisiana, Mississippi, and Texas;</p> <p>c. within 50 miles inland for the states of Georgia, North Carolina, and South Carolina; and</p> <p>d. within 5 miles inland for the states of Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, and Virginia.</p>	<p>b. counties, parishes, independent cities, districts and high hazard areas listed below.</p> <table border="1"> <thead> <tr> <th data-bbox="739 412 940 440"><u>STATES</u></th> <th data-bbox="940 412 1360 472"><u>COUNTIES/ PARISHES/ CITIES/ DISTRICTS</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="739 500 940 527">Alabama</td> <td data-bbox="940 500 1360 592">Baldwin, Clarke, Covington, Escambia, Geneva, Mobile, Monroe and Washington.</td> </tr> <tr> <td data-bbox="739 620 940 647">Connecticut</td> <td data-bbox="940 620 1360 743">Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham.</td> </tr> <tr> <td data-bbox="739 771 940 799">Delaware</td> <td data-bbox="940 771 1360 799">Kent, Newcastle and Sussex.</td> </tr> <tr> <td data-bbox="739 826 940 854">Florida</td> <td data-bbox="940 826 1360 854">THE ENTIRE STATE</td> </tr> <tr> <td data-bbox="739 881 940 909">Georgia</td> <td data-bbox="940 881 1360 1047">Brantley, Brooks, Bryan, Bulloch, Camden, Charlton, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Thomas and Wayne.</td> </tr> </tbody> </table>	<u>STATES</u>	<u>COUNTIES/ PARISHES/ CITIES/ DISTRICTS</u>	Alabama	Baldwin, Clarke, Covington, Escambia, Geneva, Mobile, Monroe and Washington.	Connecticut	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham.	Delaware	Kent, Newcastle and Sussex.	Florida	THE ENTIRE STATE	Georgia	Brantley, Brooks, Bryan, Bulloch, Camden, Charlton, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Thomas and Wayne.	<p>In the 07 07 edition of IM 5072, the excluded locations and high hazard areas are now listed by distance inland instead of by counties, parishes, independent cities, and districts.</p>
<u>STATES</u>	<u>COUNTIES/ PARISHES/ CITIES/ DISTRICTS</u>													
Alabama	Baldwin, Clarke, Covington, Escambia, Geneva, Mobile, Monroe and Washington.													
Connecticut	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham.													
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<p style="text-align: center;">The Hanover Insurance Co. Proposed IM 5072 07 07</p>	<p style="text-align: center;">The Hanover Insurance Co. Current IM 5072 05 05</p>	<p style="text-align: center;">Comments</p>
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3. **Named Tropical Windstorm Or Hurricane**
 -- A named tropical windstorm or hurricane means a storm system that has been declared and named a tropical windstorm or hurricane by the National Hurricane Center of the National Weather Service continuing for the time period during which the tropical storm or hurricane conditions exist and ending 72 hours following the termination of the last tropical storm or hurricane watch or warning issued by the National Hurricane Center of the National Weather Service.

4. **Other Terms** -- All other terms of your policy remain the same.

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No change