

SERFF Tracking Number: HNVR-125819385 State: Arkansas  
 First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$100  
 Company Tracking Number: HO-AR-08403-01R  
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
 Product Name: Homeowners  
 Project Name/Number: Homeowners/HO-AR-08403-01R

## Filing at a Glance

Companies: Hanover American Insurance Company, Massachusetts Bay Insurance Company, The Hanover Insurance Company

Product Name: Homeowners	SERFF Tr Num: HNVR-125819385	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: HO-AR-08403-01R	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Authors: Eleanor Doherty, Kathryn Husson, Cheryl Richards, Susan Whitworth	Disposition Date: 10/01/2008
	Date Submitted: 09/18/2008	Disposition Status: Filed
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

## General Information

Project Name: Homeowners	Status of Filing in Domicile:
Project Number: HO-AR-08403-01R	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/01/2008	
State Status Changed: 09/24/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

With this revision, we are introducing higher limits for Water Back Up and Sump Overflow Coverage (Stand Alone Coverage Limits). Currently, we offer only \$5000 limit. We would like to propose stand-alone limits of \$10,000, \$15,000, \$20,000 and \$25,000.

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There are no other changes to this review. Also, there is no disruption since this does not affect renewal business.

## Company and Contact

### Filing Contact Information

Eleanor Doherty, Product Specialist elfdoherty@hanover.com  
 440 Lincoln Street (508) 855-3251 [Phone]  
 Worcester, MA 01653 (508) 855-4311[FAX]

### Filing Company Information

Hanover American Insurance Company	CoCode: 36064	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-3063898	

Massachusetts Bay Insurance Company	CoCode: 22306	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-2217600	

The Hanover Insurance Company	CoCode: 22292	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 13-5129825	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00

*SERFF Tracking Number:*      *HNVR-125819385*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Hanover American Insurance Company, ...*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *HO-AR-08403-01R*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*                      *Homeowners*  
*Project Name/Number:*                      *Homeowners/HO-AR-08403-01R*

**Retaliatory?**                      **No**  
**Fee Explanation:**                      **\$100 for each rate filing.**  
**Per Company:**                      **No**

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$100.00	09/18/2008	22586075
Massachusetts Bay Insurance Company	\$0.00	09/18/2008	
The Hanover Insurance Company	\$0.00	09/18/2008	

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 TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*  
 Product Name: *Homeowners*  
 Project Name/Number: *Homeowners/HO-AR-08403-01R*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	10/01/2008	10/01/2008
Filed	Becky Harrington	09/24/2008	09/24/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Water Back Up and Sump Overflow		Eleanor Doherty	09/30/2008	10/01/2008
Uniform Transmittal Document- Property & Casualty	Supporting Document	Eleanor Doherty	09/30/2008	10/01/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-open filing	Note To Reviewer	Eleanor Doherty	09/26/2008	09/26/2008

SERFF Tracking Number: *HNVR-125819385* State: *Arkansas*  
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 Product Name: *Homeowners*  
 Project Name/Number: *Homeowners/HO-AR-08403-01R*

## Disposition

Disposition Date: 10/01/2008  
 Effective Date (New): 11/01/2008  
 Effective Date (Renewal): 11/01/2008  
 Status: Filed  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Hanover American Insurance Company	0.000%	\$0	2,830	\$2,242,470	0.000%	0.000%	0.000%
Massachusetts Bay Insurance Company	0.000%	\$0	3,373	\$2,668,704	0.000%	0.000%	0.000%
The Hanover Insurance Company	0.000%	\$0	1,078	\$870,108	0.000%	0.000%	0.000%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%  
 Overall Percentage Rate Impact For This Filing 0.000%  
 Effect of Rate Filing-Written Premium Change For This Program \$0

SERFF Tracking Number: *HNVR-125819385* State: *Arkansas*  
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TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*  
Product Name: *Homeowners*  
Project Name/Number: *Homeowners/HO-AR-08403-01R*

**Effect of Rate Filing - Number of Policyholders Affected**

7,281



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 Product Name: Homeowners  
 Project Name/Number: Homeowners/HO-AR-08403-01R

Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Rate (revised)	Water Back Up and Sump Overflow	Filed	Yes
Rate	Water Back Up and Sump Overflow		Yes

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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Homeowners/HO-AR-08403-01R

## Disposition

Disposition Date: 09/24/2008  
Effective Date (New): 11/01/2008  
Effective Date (Renewal): 11/01/2008  
Status: Filed  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	7,281

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 Product Name: *Homeowners*  
 Project Name/Number: *Homeowners/HO-AR-08403-01R*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
<b>Supporting Document</b> <i>(revised)</i>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty		Yes
<b>Rate</b> <i>(revised)</i>	Water Back Up and Sump Overflow	Filed	Yes
<b>Rate</b>	Water Back Up and Sump Overflow		Yes

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 10/01/2008

**Comments:**

At this time, we would like to make an amendment to this approved filing. We wish to revise the rule to provide clarity regarding additional limits for policies with a coverage package.

Page 25 for rule 8.28 has been revised to include the additional limits for policies with a coverage package. The filing description section of the P&C Transmittal Document has been updated by removing the wording "stand alone" coverage.

Thank you for your assistance.

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Water Back Up and Sump Overflow	Page 25	New		Manual Page 25 FINAL.pdf

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Uniform Transmittal Document-Property & Casualty**

Comment:

AR RateRule FSupplement.pdf  
 AR P&C Transmittal Doc FINAL.pdf

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*Product Name:*                      *Homeowners*  
*Project Name/Number:*      *Homeowners/HO-AR-08403-01R*

**Note To Reviewer**

**Created By:**

Eleanor Doherty on 09/26/2008 10:00 AM

**Subject:**

Re-open filing

**Comments:**

Good Morning Becky,

Per our conversation this morning, we are requesting this filing be re-opened so we can send you an amendment.

We wish to revise the rule to provide clarity regarding additional limits for policies with a coverage package.

Thank you for your assistance with this request.

Ellie Doherty

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File & Use  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 3.000%  
**Effective Date of Last Rate Revision:** 05/05/2008  
**Filing Method of Last Filing:** Prior Approval

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Hanover American Insurance Company	0.000%	0.000%	\$0	2,830	\$2,242,470	0.000%	0.000%
Massachusetts Bay Insurance Company	0.000%	0.000%	\$0	3,373	\$2,668,704	0.000%	0.000%
The Hanover Insurance Company	0.000%	0.000%	\$0	1,078	\$870,108	0.000%	0.000%

**Overall Rate Information for Multiple Company Filings**

**Overall % Rate Indicated:** 0.000%

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<i>First Filing Company:</i>	<i>Hanover American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>HO-AR-08403-01R</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Homeowners/HO-AR-08403-01R</i>		

<b>Overall Percentage Rate Impact For This Filing:</b>	0.000%
<b>Effect of Rate Filing - Written Premium Change For This Program:</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	7281



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 Product Name: *Homeowners*  
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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Water Back Up and Sump Overflow	Page 25	New	Manual Page 25 FINAL.pdf

**8. STATE PAGES – RATING RULES**

**8.28 WATER BACK UP AND SUMP OVERFLOW – 231-2340**

*Note: For policies with an inception date prior to 04/30/2007, see rule on page 60*

Rule:

The policy may be endorsed to provide coverage for water damage caused by sump pump and sewer back-up. When added or increased mid-term, coverage does not take effect until five days after the company receives written notification of the addition of or increase in coverage.

The following additional limits are available for purchase whether or not coverage is provided in the base policy or selected Coverage Package. Select Premium is available for HO-3 forms only.

Water Back Up and Sump Overflow Coverage – Optional Coverage Limits – All Forms

Limit of Liability	Basic or Select (No Coverage included)	Select Plus (\$5K included)	Select Premium (\$10K included)
\$5,000	\$34	\$10	\$10
\$10,000	\$44	\$20	\$20
\$15,000	\$54	\$30	\$30
\$20,000	\$64	\$40	\$40
\$25,000	\$74	\$50	\$50

**8.29 RESERVED FOR FUTURE USE**

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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Homeowners/HO-AR-08403-01R

## Supporting Document Schedules

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Filed 09/24/2008  
**Comments:**  
**Attachments:**  
AR rate filing abstract han.pdf  
AR rate filing abstract HanAmer.pdf  
AR rate filing abstract mb.pdf

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 10/01/2008  
**Comments:**  
**Attachments:**  
AR RateRule FSupplement.pdf  
AR P&C Transmittal Doc FINAL.pdf

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking #	HO AR0840301R
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A

Company Name		Company NAIC Number	
3.	A. Hanover Insurance Company	B.	0088-22292

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 4.0000	B.	4.0000

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY			
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)
HO 2,3	N/A	0.0%				
HO 4	N/A	0.0%				
HO 6	N/A	0.0%				
TOTAL OVERALL EFFECT	N/A	0.0%				

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,630	12.5%	11/1/2002	\$618	\$302	48.8%	45.6%
2003	1,665	5.8%	11/1/2003	\$944	\$930	98.5%	49.1%
2004	1,645	7.0%	11/1/2004	\$1,041	\$570	54.7%	64.5%
2005	1,500	7.4%	11/1/2005	\$1,070	\$276	25.8%	95.9%
2006	1,243	1.7%	7/1/2006	\$994	\$854	85.9%	54.4%
2007	1,078	7.6%	7/15/2007	\$896	\$486	54.3%	36.3%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License & Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other (explain)	N/A
F. TOTAL	N/A

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking #	HO AR0840301R
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A

Company Name		Company NAIC Number	
3.	A. Hanover American Insurance Company	B.	0088-36064

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 4.0000	B.	4.0000

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY			
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)
HO 2,3	N/A	0.0%				
HO 4	N/A	0.0%				
HO 6	N/A	0.0%				
TOTAL OVERALL EFFECT	N/A	0.0%				

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,054	7.0%	11/1/2002	\$492	\$156	31.7%	55.6%
2003	1,174	5.25%	11/1/2003	\$685	\$359	52.4%	46.3%
2004	1,292	4.0%	11/1/2004	\$811	\$235	29.0%	74.9%
2005	1,466	5.2%	11/1/2005	\$943	\$220	23.4%	217.1%
2006	2,024	2.2%	7/1/2006	\$1,273	\$894	70.2%	95.0%
2007	2,830	4.0%	7/15/2007	\$1,895	\$859	45.3%	33.3%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License & Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other (explain)	N/A
F. TOTAL	N/A

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking #	HO AR0840301R
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A

Company Name		Company NAIC Number	
3.	A. Massachusetts Bay Insurance Company	B.	0088-22306

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 4.0000	B.	4.0000

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY			
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)
HO 2,3	N/A	0.0%				
HO 4	N/A	0.0%				
HO 6	N/A	0.0%				
TOTAL OVERALL EFFECT	N/A	0.0%				

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	5,134	7.2%	11/1/2002	\$2,654	\$1,607	60.5%	50.0%
2003	5,131	4.7%	11/1/2003	\$3,082	\$1,536	49.8%	57.6%
2004	5,005	4.9%	11/1/2004	\$3,212	\$1,132	35.2%	56.6%
2005	4,630	5.7%	11/1/2005	\$3,249	\$926	28.5%	106.1%
2006	3,817	2.0%	7/1/2006	\$3,105	\$4,997	160.9%	69.2%
2007	3,373	4.8%	7/15/2007	\$2,751	\$883	32.1%	34.5%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License & Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other (explain)	N/A
F. TOTAL	N/A

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	HO AR0840301R
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
  Rate Decrease
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Hanover	n/a	0.0	\$0	1,078	\$870,108	0.0%	0.0%
Mass Bay	n/a	0.0	\$0	3,373	\$2,668,704	0.0%	0.0%
Hanover American	n/a	0.0	\$0	2,830	\$2,242,470	0.0%	0.0%

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

**5. Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
<b>5a.</b>	Overall percentage rate indication (when applicable)	n/a	
<b>5b.</b>	Overall percentage rate impact for this filing	0.0%	
<b>5c.</b>	Effect of Rate Filing – Written premium change for this program	\$0	
<b>5d.</b>	Effect of Rate Filing – Number of policyholders affected	7,281	

<b>6.</b>	Overall percentage of last rate revision	+3.0%
<b>7.</b>	Effective Date of last rate revision	5/5/2008
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Page 25	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Hanover Insurance Group	088

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hanover Insurance Company	NH	22292	13-5129825	
Massachusetts Bay Ins. Company	NH	22306	04-2217600	
Hanover American Ins. Company	NH	36064	04-3063898	

<b>5. Company Tracking Number</b>	<b>HO AR0840301R</b>
-----------------------------------	----------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Eleanor Doherty 440 Lincoln St. Worcester, MA 01653	PL Product Specialist	508-855-3251	508-855-4311	elfdoherty@hanover.com

<b>7.</b> Signature of authorized filer	<i>Eleanor Doherty</i>
<b>8.</b> Please print name of authorized filer	Eleanor Doherty

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	04.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	04.0000
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Homeowners
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 11/1/2008      Renewal: 11/1/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	9/18/2008	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	HO-AR-08403-01R
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

With this revision, we are introducing higher limits for Water Back Up and Sump Overflow Coverage . Currently, we offer only \$5000 limit. We would like to propose limits of \$10,000, \$15,000, \$20,000 and \$25,000.

There are no other changes to this review. Also, there is no disruption since this does not affect renewal business.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

**Check #:**  
**Amount:**  
 EFT Filing through SERFF for \$100.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

SERFF Tracking Number: *HNVR-125819385* State: *Arkansas*  
 First Filing Company: *Hanover American Insurance Company, ...* State Tracking Number: *EFT \$100*  
 Company Tracking Number: *HO-AR-08403-01R*  
 TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*  
 Product Name: *Homeowners*  
 Project Name/Number: *Homeowners/HO-AR-08403-01R*

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	Water Back Up and Sump Overflow	09/16/2008	Manual Page 25.pdf
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	09/16/2008	AR P&C Transmittal Doc.pdf AR RateRule FSupplement.pdf

**8. STATE PAGES – RATING RULES**

**8.28 WATER BACK UP AND SUMP OVERFLOW – 231-2340**

*Note: For policies with an inception date prior to 04/30/2007, see rule on page 60*

Rule:

The policy may be endorsed to provide coverage for water damage caused by sump pump and sewer back-up. When added or increased mid-term, coverage does not take effect until five days after the company receives written notification of the addition of or increase in coverage.

Additional Limits

When a base limit is provided in a Coverage Package selected by the insured, additional coverage may be purchased for the following limits and premiums.

Base Coverage Limit: \$5,000, HO-4, HO-6, HO-3 SELECT PLUS.

Base Coverage Limit: \$10,000, HO-3 SELECT PREMIUM.

Water Back Up and Sump Overflow Coverage - Additional Limits

Add'l Limits of Liability	SELECT	SELECT PLUS
	ALL FORMS	
\$5,000	\$34.00	\$10.00

Water Back Up and Sump Overflow Coverage - Optional (Stand Alone) Coverage Limits

When a base limit is not provided in a selected Coverage Package, or, a Coverage Package is not selected by the insured, coverage may be purchased for the following limits and premiums.

Limit of Liability	ALL FORMS
\$5,000	\$34
\$10,000	\$44
\$15,000	\$54
\$20,000	\$64
\$25,000	\$74

Coverage is:

- A. Available as an optional “additional” coverage to HO-00-03, 4 and 6 Basic policies
- B. Available as an optional “additional” coverage to HO-00-03 SELECT, HO-00-04 SELECT and HO-00-06 SELECT.
- C. Available as optional “additional limits” to HO00-03 SELECT PLUS AND SELECT PREMIUM, HO-00-04 SELECT PLUS and HO-00-06 SELECT PLUS.

**8.29 RESERVED FOR FUTURE USE**

## Property & Casualty Transmittal Document

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<b>3. Group Name</b>	<b>Group NAIC #</b>
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<b>5. Company Tracking Number</b>	<b>HO AR0840301R</b>
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<b>7.</b> Signature of authorized filer	<i>Eleanor Doherty</i>
<b>8.</b> Please print name of authorized filer	Eleanor Doherty

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	04.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	04.0000
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Homeowners
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 11/1/2008      Renewal: 11/1/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	9/18/2008	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	HO-AR-08403-01R
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] <p>With this revision, we are introducing higher limits for Water Back Up and Sump Overflow Coverage (Stand Alone Coverage Limits). Currently, we offer only \$5000 limit. We would like to propose stand-alone limits of \$10,000, \$15,000, \$20,000 and \$25,000.</p>
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There are no other changes to this review. Also, there is no disruption since this does not affect renewal business.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b>  <b>Amount:</b>                  EFT Filing through SERFF for \$100.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	HO AR0840301R
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
  Rate Decrease
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Hanover	n/a	0.0	\$0	1,078	\$870,108	0.0%	0.0%
Mass Bay	n/a	0.0	\$0	3,373	\$2,668,704	0.0%	0.0%
Hanover American	n/a	0.0	\$0	2,830	\$2,242,470	0.0%	0.0%

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

**5. Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
<b>5a.</b>	Overall percentage rate indication (when applicable)	n/a	
<b>5b.</b>	Overall percentage rate impact for this filing	0.0%	
<b>5c.</b>	Effect of Rate Filing – Written premium change for this program	\$0	
<b>5d.</b>	Effect of Rate Filing – Number of policyholders affected	7,281	

<b>6.</b>	Overall percentage of last rate revision	+3.0%
<b>7.</b>	Effective Date of last rate revision	5/5/2008
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
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02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	