

SERFF Tracking Number: *HNVR-125882321* State: *Arkansas*  
 First Filing Company: *Hanover American Insurance Company, ...* State Tracking Number: *# \$0*  
 Company Tracking Number: *CP-CW-08412-01*  
 TOI: *01.0 Property* Sub-TOI: *01.0001 Commercial Property (Fire and Allied Lines)*  
 Product Name: *Commercial Property*  
 Project Name/Number: *Deferral of ISO Forms/CP-CW-08412-01*

## Filing at a Glance

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

Product Name: Commercial Property	SERFF Tr Num: HNVR-125882321	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: # \$0
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CP-CW-08412-01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Megan Camann	Disposition Date: 10/31/2008
	Date Submitted: 10/31/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 08/01/2009		Effective Date (New): 08/01/2009
Effective Date Requested (Renewal): 08/01/2009		Effective Date (Renewal): 08/01/2009

State Filing Description:

## General Information

Project Name: Deferral of ISO Forms	Status of Filing in Domicile:
Project Number: CP-CW-08412-01	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CF-2007-OFR07
Reference Title: Commercial Property Coverage Part Multistate Revision	Advisory Org. Circular: LI-CF-2008-059, LI-CF-2008-060
Filing Status Changed: 10/31/2008	Deemer Date:
State Status Changed: 10/31/2008	
Corresponding Filing Tracking Number:	
Filing Description:	

The Hanover Insurance Companies wish to defer the 2007 ISO Commercial Property General Multistate Revisions of Forms to August 1, 2009. The following information is found under ISO Filing Designation Number CF-2007-OFR07.

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## Company and Contact

### Filing Contact Information

Megan Camann, Actuarial Trainee mcamann@hanover.com  
 440 Lincoln Street (508) 855-2036 [Phone]  
 Worcester, MA 01653 (508) 855-2268[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? No  
 Retaliatory? No  
 Fee Explanation:

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**Per Company:**                      **No**

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$0.00	10/31/2008	
Massachusetts Bay Insurance Company	\$0.00	10/31/2008	
The Hanover Insurance Company	\$0.00	10/31/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		10/31/2008	10/31/2008

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## Disposition

Disposition Date: 10/31/2008

Effective Date (New): 08/01/2009

Effective Date (Renewal): 08/01/2009

Status: Accepted For Informational Purposes

Comment: Defer the 2007 ISO Commercial Property General Multistate Revisions of Forms to August 1, 2009. The following information is found under ISO Filing Designation Number CF-2007-OFR07.

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	0

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Accepted for Informational Purposes 10/31/2008  
**Comments:**  
**Attachment:** Forms PC TD-1 03 07 CP.pdf

## 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 style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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	0088

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

<b>5. Company Tracking Number</b>	CP-CW-08412-01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Megan Camann 440 Lincoln Street Worcester, MA 01653	Actuarial Trainee	(508) 855-2036	(508) 855-2268	<a href="mailto:mcamann@hanover.com">mcamann@hanover.com</a>

7. Signature of authorized filer	
8. Please print name of authorized filer	Megan Camann

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

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Property
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 08/01/2009    Renewal: 08/01/2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	Insurance Services Office, Inc.
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CP-CW-08412-01
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Due to system constraints, we wish to defer implementation until 08/01/2009 for the recently approved Commercial Property Coverage Part Multistate Revision of Forms as found in ISO Filing Designation Number CF-2007-OFR07.

<b>22. 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]
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**Check #:**

**Amount:**

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

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