

SERFF Tracking Number: HNVR-125904925 State: Arkansas
 First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$20
 Company Tracking Number: CL-CW-08523-01F
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Interline (CP & IM); Deferral of ISO Multi State Water Exclusion Endts
 Project Name/Number: Commercial Interline (CP & IM); Deferral of ISO Multi State Water Exclusion Endts/CL-CW-08523-01F

Filing at a Glance

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

Product Name: Commercial Interline (CP & IM); SERFF Tr Num: HNVR-125904925 State: Arkansas
 Deferral of ISO Multi State Water Exclusion
 Endts

TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: CL-CW-08523-01F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Mandi Provencher	Disposition Date: 11/20/2008
	Date Submitted: 11/20/2008	Disposition Status: Filed
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: Commercial Interline (CP & IM); Deferral of ISO Multi State Water Exclusion Endts	Status of Filing in Domicile: Pending
Project Number: CL-CW-08523-01F	Domicile Status Comments: N/A
Reference Organization: ISO	Reference Number: CL-2008-OWEFO; CM-2008-OWEFO
Reference Title: Multi State Water Exclusion Endorsements Approved In Various Jurisdictions	Advisory Org. Circular: LI-CF-2008-215; LI-CM-2008-129
Filing Status Changed: 11/20/2008	
State Status Changed: 11/20/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	

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Our companies wish to defer until August 1, 2009, the ISO Multistate Water Exclusion Endorsements Approved in Various Jurisdictions as found in ISO Filing Designation Numbers:

CL-2008-OWEFO
 CM-2008-OWEFO

Company and Contact

Filing Contact Information

Mandi Provencher, State Filing Consultant ma1provench@hanover.com
 440 Lincoln Street (508) 855-2675 [Phone]
 Worcester, MA 01653 (508) 855-4786[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	

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 flat fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$0.00	11/20/2008	
Massachusetts Bay Insurance Company	\$0.00	11/20/2008	
The Hanover Insurance Company	\$20.00	11/20/2008	24063416

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	11/20/2008	11/20/2008

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Disposition

Disposition Date: 11/20/2008

Effective Date (New): 08/01/2009

Effective Date (Renewal): 08/01/2009

Status: Filed

Comment: Wish to defer until August 1, 2009, the ISO Multistate Water Exclusion Endorsements Approved in Various Jurisdictions as found in ISO Filing Designation Numbers:

CL-2008-OWEFO; CM-2008-OWEFO

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

SERFF Tracking Number: *HNVR-125904925* *State:* *Arkansas*
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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Filed	11/20/2008

Comments:

Attachment:

AR Transmittal.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only 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: 60%; 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					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input 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)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
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—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (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:

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.)

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