

SERFF Tracking Number: HNVR-125509600 State: Arkansas
First Filing Company: Hanover American Insurance Company, ... State Tracking Number: #10134075 \$50
Company Tracking Number: PA-AR-08120-01F
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Private Passenger Auto
Project Name/Number: Legacy Auto/PA-AR-08120-01F

Filing at a Glance

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

Product Name: Private Passenger Auto SERFF Tr Num: HNVR-125509600 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #10134075 \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: PA-AR-08120-01F State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Authors: Eleanor Doherty, Kathryn Husson, Cheryl Richards, Susan Whitworth Disposition Date: 04/17/2008
Date Submitted: 04/15/2008 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New): 05/15/2008
Effective Date Requested (Renewal): 05/15/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Legacy Auto Status of Filing in Domicile: Pending
Project Number: PA-AR-08120-01F Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 05/13/2008
State Status Changed: 04/17/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

We are filing to introduce two new forms, Ultimate Service and Connections Total Household Rewards. These forms will be added to all renewal policies effective 5/15/08. There is no rate associated with the addition of these forms.

The filing fee of \$50, check number 0010134075, has been submitted via overnight mail.

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Company and Contact

Filing Contact Information

Sandy Nunez, Product Analyst snunez@hanover.com
 440 Lincoln Street (508) 855-4369 [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: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form submission

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Per Company: **No**

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$0.00	04/15/2008	
Massachusetts Bay Insurance Company	\$0.00	04/15/2008	
The Hanover Insurance Company	\$0.00	04/15/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010134075	\$50.00	04/11/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	05/13/2008	05/13/2008
Approved	Alexa Grissom	04/17/2008	04/17/2008

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Disposition

Disposition Date: 04/17/2008
Effective Date (New): 05/15/2008
Effective Date (Renewal):
Status: Approved
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	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Ultimate Service	Approved	Yes
Form	Connections Total Household Rewards	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Ultimate Service	231-2680	04-08	Endorsement/Amendment/Conditions New		50.90	Legacy Ultimate Service 231-2680 0408.pdf
Approved	Connections Total Household Rewards	231-2698	05-08	Endorsement/Amendment/Conditions New		51.20	Connections Total Household Rewards 231-2698 0508.pdf

Ultimate Service

Ultimate Rental

If, at your option, you choose to allow us to:

- 1) Make your rental car arrangements with a provider of our choice; and
- 2) Repair the damage to **your covered auto** at a repair shop approved by us; then
- 3) Part D-COVERAGE FOR DAMAGE TO YOUR AUTO, **TRANSPORTATION EXPENSES**, will be modified as follows.

We will:

- 1) Reimburse you for expenses you incur to rent a substitute auto up to the selected daily coverage limits for a period of time which is reasonable for having **your covered auto** repaired or replaced; and
- 2) **Pay only expenses incurred during the period:**
 - a) Beginning immediately after **your covered auto** is withdrawn from use or in the event of theft, 48 hours after you report the theft to us and the police; and
 - b) Ending when **your covered auto** is repaired and available for your use or we pay for its loss.

The total payment for this coverage shall not exceed \$3,000.

All other Part D-COVERAGE FOR DAMAGE TO YOUR AUTO, **TRANSPORTATION EXPENSES**, provisions apply.

Ultimate Towing and Labor

When Towing and Labor Costs Coverage is on your policy, the endorsement is modified as follows.

At your option, if you choose to tow **your covered auto** to the nearest Hanover approved repair facility, we will pay towing costs necessary due to a covered disablement, up to the reasonable cost of towing, as determined by us.

If you do not choose this option, the selected coverage limits as shown on your Coverage Selections page will apply and is the most we will pay.

We will pay towing and labor costs:

- 1) Incurred each time your keys are:
 - a. lost,
 - b. broken, or
 - c. accidentally locked in **your covered auto**, up to the amount shown in the schedule that is applicable to that vehicle.

All other policy provisions apply.

CONNECTIONS TOTAL HOUSEHOLD REWARDS

This endorsement is a part of your policy. It is effective on the date when both your Personal Auto and Home are insured with the Hanover Insurance Company or one of its affiliated companies.

The coverage provided is deemed terminated effective on the date when either your Personal Auto or Home is no longer insured by the Hanover Insurance Company or one of its affiliated companies.

A. Certificate of Guaranteed Renewal

This endorsement is a part of your policy unless prohibited by state regulations.

Except for the changes it makes, all other terms and conditions of **this policy** apply.

We agree that we will not cancel or nonrenew **this policy** subject to the following conditions.

Conditions

1. **This policy** insures:

- a) A Private Passenger Auto, Station Wagon type vehicle, or a pick-up truck or van of the type described in the definition of Your Covered Auto in your policy; or
- b) Your Residence Premises as described in the item titled "Residence Premises" in the DEFINITIONS section of your policy.

2. Premiums are paid when due.

3. This policy is not in cancellation or nonrenewal status at the time this endorsement becomes effective.

4. The Hanover Insurance Company or one of its affiliated companies continues to offer Guaranteed Renewal benefit in your state.

5. Only the current Named Insured or that person's spouse is a Named Insured on this policy.

6. An Insured has not been convicted of insurance fraud or other felony.

7. We determine that there is no adverse material change in risk during the policy term or that the risks and hazards associated with the policy have not changed substantially since the policy was first issued.

8. An Insured has not made fraudulent statements or engaged in fraudulent conduct in obtaining or maintaining this policy, or, in connection with any accident or loss for which coverage is sought under this policy.

9. Your agent is licensed for Personal Auto and Home by the Hanover Insurance Company or one of its affiliates for Personal Auto and Homeowners business.

10. You continue to insure both your Personal Auto and Home with the Hanover Insurance Company or one of its Affiliates.

Failure to meet one or more of these conditions voids this Certificate.

B. Account Single Loss Deductible

Except for the changes this coverage makes, all other terms and conditions of the policy apply.

If both your Personal Auto and Home are insured with the Hanover Insurance Company or one of its affiliates at the time a single loss incident affects both policies, we will waive the lower of the two deductibles if the amount of the loss to the policy with the higher deductible exceeds the deductible amount.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/17/2008

Comments:

Attachment:

AR Legacy Auto Transmittal.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 04/17/2008

Comments:

Attachment:

AR Legacy Auto Cover Letter.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3.	Group Name	Group NAIC #
	The Hanover Insurance Group	0088

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

5.	Company Tracking Number	PA-AR-08120-01F
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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
	Cheryl A. Richards 440 Lincoln Street Worcester MA 01653	PL Product Specialist	(508)-855-3174	508-926-2605	charichards@hanover.com

7.	Signature of authorized filer	<i>Cheryl A. Richards</i>
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8.	Please print name of authorized filer	Cheryl A. Richards
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Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	19.0001 – Private Passenger Auto		
10.	Sub-Type of Insurance (Sub-TOI)	19.0004 - Other		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]			
12.	Company Program Title (Marketing Title)	Legacy Auto		
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: 05/15/2008	Renewal:	05/15/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16.	Reference Organization (if applicable)	n/a		
17.	Reference Organization # & Title	n/a		
18.	Company's Date of Filing	April 14, 2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	PA-AR-08120-01F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing to introduce the Ultimate Service and the Connections Total Household Rewards forms.

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]
	<p>Check #: 0010134075 Amount: \$50.00</p> <p>\$50 per form submission</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

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



April 14, 2008

Julie Bennafield Bowman
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

RE: Private Passenger Automobile Program
Form Filing – Prior Approval
Hanover Insurance Company, NAIC# 0088-22292
Massachusetts Bay Insurance Company, NAIC# 0088-22306
Hanover American Insurance Company, NAIC# 0088-36064
Our Filing Number: PA-AR-08120-01F
Effective Date: May 15, 2008 for Renewal Business

Dear Commissioner Bowman;

The Hanover Insurance Group would like to file an addition to the forms for our Private Passenger Automobile program. These proposed forms will be added to all renewal policies effective May 15, 2008 at no charge to our policyholders. The intent of the Ultimate Service Endorsement (231-2680 0408) is to expand the benefits provided when Transportation Expense and/or Towing and Labor coverage is provided by the policy. The Connections Total Household Rewards (231-2698 0508) will provide a Certificate of Guaranteed Renewal and Account Single Loss Deductible.

I have attached the new forms to the filing for your approval.

Thank you for your assistance with this filing and please do not hesitate to contact me if you have any questions or need any further information.

Sincerely,

Cheryl A. Richards
(508) 855-3174 phone
(508) 926-2605 fax
charichards@hanover.com