

SERFF Tracking Number: HNVR-125803627 State: Arkansas  
Filing Company: The Hanover Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CL-CW-08473-01  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Interline; Declarations Page Filing  
Project Name/Number: Commercial Interline; Declarations Page Filing/CL-CW-08473-01

## Filing at a Glance

Company: The Hanover Insurance Company

Product Name: Commercial Interline; SERFF Tr Num: HNVR-125803627 State: Arkansas

Declarations Page Filing

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CL-CW-08473-01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Maryellen Covino

Disposition Date: 09/08/2008

Date Submitted: 09/05/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 09/08/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Commercial Interline; Declarations Page Filing

Status of Filing in Domicile: Pending

Project Number: CL-CW-08473-01

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 09/08/2008

State Status Changed: 09/08/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

The Hanover Insurance Company wishes to file the enclosed Declarations Page, IM441-1056 (06-08), on a Commercial Interline basis. We are requesting an "on approval" effective date. Declarations Page IM441-1056 replaces declarations page 401-0106. A marked up copy of 401-0106 is provided, showing the changes that were made.

This new Commercial Common Dec page will be used by our Commercial Marine division associates. The Commercial Marine division handles several lines of business such as Inland Marine, Ocean Marine, and Property. COMMERCIAL

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MARINE in the title of the Common Declarations is used to denote the division of the company not the line of business. We wanted a uniform dec page that could be used in all states for our Commercial Marine division.

This approach streamlines our process and makes it easier for our customers to identify the division within our company that handles their business.

If you should have any questions or require additional information, please do not hesitate to contact this office. Thank you for your time and attention to this matter.

Very truly yours,

Maryellen Covino  
Senior Administrative Assistant  
Telephone: (508) 855-4749  
Facsimile: (508) 855-4786  
E-Mail:mcovino@hanover.com

## Company and Contact

### Filing Contact Information

Maryellen Covino, Senior Administrative Assistant  
mcovino@hanover.com  
440 Lincoln Street (508) 855-4749 [Phone]  
Worcester, MA 01653 (508) 855-4786[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: The Hanover Ins Group  
FEIN Number: 13-5129825  
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State of Domicile: New Hampshire  
Company Type: Property & Casualty  
State ID Number:

SERFF Tracking Number: HNVR-125803627 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	09/05/2008	22316727

SERFF Tracking Number: *HNVR-125803627* State: *Arkansas*  
Filing Company: *The Hanover Insurance Company* State Tracking Number: *EFT \$50*  
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TOI: *35.0 Interline Filings* Sub-TOI: *35.0002 Commercial Interline Filings*  
Product Name: *Commercial Interline; Declarations Page Filing*  
Project Name/Number: *Commercial Interline; Declarations Page Filing/CL-CW-08473-01*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	09/08/2008	09/08/2008

*SERFF Tracking Number:*      *HNVR-125803627*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Hanover Insurance Company*                      *State Tracking Number:*              *EFT \$50*  
*Company Tracking Number:*      *CL-CW-08473-01*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*              *Commercial Interline; Declarations Page Filing*  
*Project Name/Number:*              *Commercial Interline; Declarations Page Filing/CL-CW-08473-01*

## **Disposition**

Disposition Date: 09/08/2008

Effective Date (New): 09/08/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *HNVR-125803627* State: *Arkansas*  
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 Product Name: *Commercial Interline; Declarations Page Filing*  
 Project Name/Number: *Commercial Interline; Declarations Page Filing/CL-CW-08473-01*

<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	Approved	Yes
<b>Supporting Document</b>	Marked Up Copy of 401-0106	Approved	Yes
<b>Form</b>	Commercial Lines Policy; Common Declarations; Commercial Marine	Approved	Yes

SERFF Tracking Number: *HNVR-125803627* State: *Arkansas*  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Lines Policy; Common Declarations; Commercial Marine	IM441-1056	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 401-0106 Previous Filing #: N/A		IM441-1056 06 08 Common Declarations Commercial Marine.pdf



**COMMERCIAL LINES POLICY  
COMMON DECLARATIONS  
COMMERCIAL MARINE**

Renewal of Number

<b>Coverage is provided in the:</b>			
<b>POLICY NUMBER</b>	<b>POLICY PERIOD</b>		<b>AGENCY CODE</b>
	<b>FROM</b>	<b>TO</b>	
			<b>AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATION.</b>
<b>NAMED INSURED AND MAILING ADDRESS</b>		<b>AGENT</b>	
(Street, Town or City, County, State, Zip Code)			

**DESCRIPTION OF BUSINESS**

Individual     Corporation     Partnership     Joint Venture     Other:

Business Description:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	<b>PREMIUM</b>
• Commercial Property Coverage Part.....	\$ _____
• Commercial Crime Coverage Part.....	\$ _____
• Commercial Inland Marine Coverage Part.....	\$ _____
• Boiler and Machinery Coverage Part.....	\$ _____
• Ocean Marine.....	\$ _____
• Terrorism.....	\$ _____
• State Surcharges	\$ _____

<b>PREMIUM</b>	<b>PAYMENT PLAN:</b>
<input type="checkbox"/> The total premium of \$ _____ is due at inception	
<input type="checkbox"/> The total premium includes a deposit premium subject to adjustment	

See list of Form (s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue.

Countersigned: \_\_\_\_\_  
By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PARTS COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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**FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS AND MADE A PART  
OF THIS POLICY AT TIME OF ISSUE**

*SERFF Tracking Number:*      *HNVR-125803627*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Hanover Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CL-CW-08473-01*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*              *Commercial Interline; Declarations Page Filing*  
*Project Name/Number:*      *Commercial Interline; Declarations Page Filing/CL-CW-08473-01*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HNVN-125803627 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/08/2008

**Comments:**

**Attachments:**

AR NAIC P&C Transmittal Document.pdf  
AR Form Filing Schedule.pdf

**Satisfied -Name:** Marked Up Copy of 401-0106 **Review Status:** Approved 09/08/2008

**Comments:**

Underlined information indicates added material.

**Attachment:**

Marked Up Dec showing Changes 40101062.pdf

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

<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: 50%; 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					

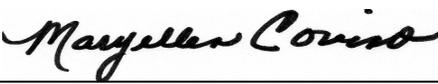
<b>3. Group Name</b>	<b>Group NAIC #</b>
The Hanover Insurance Group	0088

4. Company Name(s)	Domicile	NAIC #	FEIN #
The Hanover Insurance Company	NH	22292	13-5129825

<b>5. Company Tracking Number</b>	CL-CW-08473-01
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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
	Maryellen Covino 440 Lincoln Street Worcester, MA 01653	Senior Administrative Assistant	508-855-4749	508-855-4786	mcovino@hanover.com

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

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

9.	Type of Insurance (TOI)	35.0 Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
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 checked="" type="checkbox"/> XForms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New:    Upon Approval                      Renewal:    N/A
15.	Reference Filing?	<input type="checkbox"/> Yes    X No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	09/05/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed    X Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	N/A
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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]
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Very truly yours,

Maryellen Covino  
 Senior Administrative Assistant  
 Telephone: (508) 855-4749  
 Facsimile: (508) 855-4786  
 E-Mail: mcovino@hanover.com

<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]
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**Check #:** N/A  
**Amount:** \$50.00  
 Filing fee of \$50.00 submitted via SERFF EFT.

**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.)

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CL-CW-08473-01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Commercial Lines Policy Common Declarations Commercial Marine	IM441-1056 (06-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	401-0106 (01-02)	N/A
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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



**COMMERCIAL LINES POLICY  
COMMON DECLARATIONS  
COMMERCIAL MARINE**

**Renewal of Number**

<b>Coverage is provided in the:</b>			
<b>POLICY NUMBER</b>	<b>POLICY PERIOD</b>		<b>AGENCY CODE</b>
	<b>FROM</b>	<b>TO</b>	
			AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ON THE COMMON DECLARATION.
<b>NAMED INSURED AND MAILING ADDRESS</b>		<b>AGENT</b>	
(Street, Town or City, County, State, Zip Code)			

**DESCRIPTION OF BUSINESS**

Individual    Corporation    Partnership    Joint Venture    Other:

Business Description:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	<b>PREMIUM</b>
• Commercial Property Coverage Part.....	\$ _____
• [Commercial General Liability Coverage Part .....	[\$ _____]
• Commercial Crime Coverage Part.....	\$ _____
• Commercial Inland Marine Coverage Part .....	\$ _____
• Boiler and Machinery Coverage Part.....	\$ _____
• [Commercial Auto Coverage Part .....	[\$ _____]
• <u>Ocean Marine</u> .....	\$ _____
• <u>Terrorism</u> .....	\$ _____
• <u>State Surcharges</u> .....	\$ _____
	[\$ _____]

<b>PREMIUM</b> <input type="checkbox"/> The total annual premium of     \$ _____     is due at inception <input type="checkbox"/> [Deposit premium of                     \$ _____     is due at inception] <u>The total premium includes a deposit premium subject to adjustment</u>	<b>PAYMENT PLAN:</b>
--	----------------------

[Audit Period: Non-Auditable Unless Indicated by   Annual    Semi-Annual    Quarterly    Monthly    Other:]

[Form (s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue]  
See list of Form (s) and Endorsements(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue.

Countersigned: \_\_\_\_\_  
 By \_\_\_\_\_  
 Authorized Representative

**FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS AND MADE A PART  
OF THIS POLICY AT TIME OF ISSUE**