

HUB INTERNATIONAL INS
75030 GERALD FORD DR S 201
PALM DESERT, CA 92211
760-360-4700

Business Owners Advantage Quote Proposal

Prepared for:

LUXTOR COACHELLA OWNERS
ASSOCIATION INC.
49751 OATES LN
COACHELLA, CA 92236-4600

Customer Information:

Customer Number: 1530035272
Agency Code: 1001519

Policy Information

Quoted on	Quote/Policy Number	Product	Policy Term	Premium
10/09/2024	32523401	Business Owners Advantage with Umbrella	10/08/2024 - 10/08/2025	\$19,365.13
Total Business Owners Advantage Premium Including Surcharges				\$19,365.13

*This quote is valid up to 30 days from the date it was quoted or until the effective date of the quote, whichever is greater

About The Hanover

The Hanover is dedicated to delivering tailored insurance solutions for your business, along with nationally recognized claims services and valuable risk management resources. The Hanover is a Fortune 1000® company with an "A" rating (Excellent) by A.M. Best Company.

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The
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Business Owners Advantage Policy Proposal

Underwritten by: ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Coverage	Description	Premium
Property	Total Building Premium	\$12,060.00
	Property Terrorism Total	\$135.00
	Terrorism Fire Following Premium: \$80.00	
	Terrorism Other Than Fire Following Premium: \$55.00	
	Additional Property Coverage Premium	\$560.00
General Liability	General Liability Premium	\$5,016.00
	General Liability Terrorism Total	\$56.00
	Additional General Liability Coverage Premium	\$632.00
Umbrella	Umbrella Premium	\$881.00
	Umbrella Terrorism Total	\$25.00
	Total Business Owners Advantage Coverage Premium	\$19,365.00
	California Seismic Safety Fee	\$0.13
	Total Business Owners Advantage Policy Premium <i>* Includes an Account Credit</i>	\$19,365.13

Not subject to audit.

Location Information

Location 1

Address: 49751 OATES LN, COACHELLA, CA 92236

Number of Employees: 1

Annual Sales: \$8,000

Class Information

Primary Class: CONDO ASSN: COMM'L - GARAGE OCCUPANCY

Premium Basis: Square Footage

Primary Exposure: 121,859

Building 1

Building Limit	\$837,000
Building Valuation	Replacement Cost
Contents Limit	Not Covered
Contents Valuation	N/A
Building/Contents Deductible	\$5,000
Wind/Hail Deductible	\$10,000

Additional Building Information

Burglar Alarm: Central Station

Fire Alarm: None

100% Sprinklered: Yes

Construction Type: Non-Combustible

Number of Stories: 2

Total Building Sq. ft.: 4,144

Year of Construction: 2023

Building 2

Building Limit	\$1,166,000
Building Valuation	Replacement Cost
Contents Limit	Not Covered
Contents Valuation	N/A
Building/Contents Deductible	\$5,000
Wind/Hail Deductible	\$10,000

Additional Building Information

Burglar Alarm: Central Station

Fire Alarm: Central Station

100% Sprinklered: Yes

Construction Type: Non-Combustible

Number of Stories: 1

Total Building Sq. ft.: 6,513

Year of Construction: 2023

Building 3

Building Limit	\$5,060,000
Building Valuation	Replacement Cost
Contents Limit	Not Covered
Contents Valuation	N/A
Building/Contents Deductible	\$5,000
Wind/Hail Deductible	\$10,000

Additional Building Information

Burglar Alarm: Central Station
Fire Alarm: Central Station
100% Sprinklered: Yes
Construction Type: Non-Combustible
Number of Stories: 1
Total Building Sq. ft.: 32,000
Year of Construction: 2024

Building 4

Building Limit	\$7,500,000
Building Valuation	Replacement Cost
Contents Limit	Not Covered
Contents Valuation	N/A
Building/Contents Deductible	\$5,000
Wind/Hail Deductible	\$10,000

Additional Building Information

Burglar Alarm: Central Station
Fire Alarm: Central Station
100% Sprinklered: Yes
Construction Type: Frame
Number of Stories: 1
Total Building Sq. ft.: 49,000
Year of Construction: 2023

Building 5

Building Limit	\$4,800,000
Building Valuation	Replacement Cost
Contents Limit	Not Covered
Contents Valuation	N/A
Building/Contents Deductible	\$5,000
Wind/Hail Deductible	\$10,000

Additional Building Information

Burglar Alarm: Central Station
Fire Alarm: Central Station
100% Sprinklered: Yes
Construction Type: Non-Combustible
Number of Stories: 1
Total Building Sq. ft.: 30,000
Year of Construction: 2024

Building 6

Building Limit	\$83,269
Building Valuation	Replacement Cost
Contents Limit	Not Covered
Contents Valuation	N/A
Building/Contents Deductible	\$5,000
Wind/Hail Deductible	N/A

Additional Building Information

Burglar Alarm: Central Station
Fire Alarm: Central Station
100% Sprinklered: Yes
Construction Type: Frame
Number of Stories: 1
Total Building Sq. ft.: 220
Year of Construction: 2023

Property

Broadening Endorsement

Premium: \$500.00

Coverage Description	Blanket Limit	Coverage Details
Small Commercial Bronze Property Broadening Endorsement	\$200,000 <i>*Blanket Limit applies to select coverages only</i>	Expanded Protection for over 65 coverages. <i>Please refer to appendix for details.</i>

Additional Property Coverages

Fungus, Wet Rot, Dry Rot and Bacteria Coverage

Premium: \$0.00

Limit: \$50,000

Equipment Breakdown Coverage

Deductible: \$5,000

Data Breach Property Coverage

Premium: \$55.00

Limit: \$10,000

Aggregate Limit: \$10,000

Deductible: \$1,000

Additional Expense Limit: \$10,000

Waiting Period: 48 Hours

Business Income and Extra Expense Coverage

Premium: Included in Additional Property Coverage Premium

ALS Limit: 12 Months

Waiting Period: 48 Hours

Water Damage Deductible

Applies to all locations and buildings on policy

Deductible: \$50,000

Additional Property Coverages

General Liability Coverages

Coverage	Limit
General Aggregate	\$2,000,000
Business Liability Products/Completed Operations Aggregate	Included
Bodily Injury and Property Damage Liability – Each Occurrence	\$1,000,000
Personal and Advertising Injury Liability – Each Occurrence	\$1,000,000
Medical Payments – Each Person	\$5,000
Damage to Premises Rented to You – Any One Premises Limit, All Perils	\$1,000,000

Small Commercial Liability Companion Endorsement (Form # 822-0001)

Refer to form for full coverage details, extensions, conditions, exclusions and definitions provided within.

State amendatory forms may also apply.

Coverage Highlights
Automatic Additional Insured Provisions Including Primary and Non-contributory – Additional Insureds <ul style="list-style-type: none">- Broad Form Vendors- Co-owner of Insured Premises- Mortgagee, Assignee, or Receiver- Grantor of Franchise- Lessor of Leased Equipment- Manager or Lessor of Premises
Additional Insured by Contract, Agreement or Permit With Completed Operations and Primary and Non-contributory
Product Recall Expense <ul style="list-style-type: none">- Product Recall Expense Each Occurrence Limit \$25,000- Product Recall Expense Aggregate Limit \$50,000- Product Recall Deductible \$500
Limits of Insurance Amended <ul style="list-style-type: none">- Aggregate Limits of Insurance Per Location
Blanket Waiver of Subrogation

Additional General Liability Coverages

Limited Fungi or Bacteria
Type: Excluded

Additional General Liability Coverages

Employment Practices Liability Coverage

Premium: \$26.00
Limit: \$25,000/\$25,000
Deductible: \$5,000
Retroactive Date: 10/08/2024

Condo, CoOp, and Association Directors and Officers Errors and Omissions Companion

Premium: \$606.00
Limit: \$1,000,000/\$1,000,000
Retroactive Date: 10/08/2024
Punitive Damages: No

Umbrella Coverage Information

Occurrence/Aggregate Limit: \$1,000,000/\$1,000,000
Umbrella Terrorism Coverage: Included

Appendix

Small Commercial Bronze Property Broadening Endorsement (Form # 821-0002) This endorsement amends some coverage limits in the base form. The limit shown is the total limit provided.

Coverage	Limit
Accounts Receivable	Included in \$200,000 Blanket
Advertising Expense to Regain Customers	\$1,000
Appurtenant Structures	\$50,000
Back up or Overflow of a Sewer, Drain or Sump	Included in \$200,000 Blanket
Brands and Labels	Included
Broadening Building Coverage	Included
Broadened Business Personal Property Coverage	Included
Business Income - Extended Business Income	Actual Loss Sustained 90 Days
Business Income and Extra Expense – Cloud Services	\$2,500
Business Income and Extra Expense – Dependent Properties	\$100,000
Business Income and Extra Expense – Lease Cancellation	\$5,000
Business Income and Extra Expense – Transit	\$100,000
Business Income and Extra Expense – Websites	\$10,000 7 Days
Business Personal Property Off Premises (Including In Transit)	\$50,000
Business Personal Property Temporarily in Portable Storage Units	\$25,000
Civil Authority	4 weeks 72 Hour Waiting Period
Commercial Tools and Equipment	\$5,000
Computer and Funds Transfer Fraud	\$10,000
Consequential Loss to Stock	Included
Contract Penalties	\$25,000
Debris Removal	Included in \$200,000 Blanket
Deferred Payments	\$10,000
Denial of Access to Premises	30 Days 72 Hour Waiting Period
E-Commerce	\$20,000
Electronic Data Processing Equipment: - Business Income and Extra Expense - Undamaged Hardware and Software	Included in \$200,000 Blanket Includes Additional \$10,000 for Undamaged Hardware and Software Includes Addition Perils
Employee Theft Including ERISA Compliance	\$10,000
Equipment Breakdown: - Data Restoration - Expediting Expenses - Fungus, Wet or Dry Rot or Bacteria - Hazardous Substances - Personal Property Off Premises - Public Relations - Spoilage	Included \$50,000 \$50,000 \$15,000 \$50,000 \$50,000 \$5,000 \$50,000

Coverage	Limit
Expediting Expenses	\$25,000
Extended Coverage on Property – within 2,000 feet	Included
Extra Expense	12 Months
Fine Arts	\$50,000
Fire Department Service Charge	Included in \$200,000 Blanket
Fire Protection Equipment Recharge	\$25,000
Forgery or Alteration	\$50,000
Foundations and Underground Pipes	Included
Glass Expenses	Included
Hired Auto - Physical Damage	\$50,000
Installation	\$5,000
Internal Air Shipments	\$5,000
Inventory and Loss Appraisal	\$25,000
Key Replacement and Lock Repair	Included in \$200,000 Blanket
Lease Assessment	\$1,000
Leasehold Interest	\$10,000
Lessor's Tenant Move Expenses	\$10,000 60 Days
Marriage and Scratching	Included
Money and Securities	\$10,000
Money Orders and Counterfeit Money	\$10,000
Newly Acquired or Constructed Property <ul style="list-style-type: none"> - Buildings - Business Personal Property - Business Income and Extra Expense 	\$1,000,000 \$500,000 \$500,000
Non-Owned Detached Trailers	Included
Ordinance or Law <ul style="list-style-type: none"> - Coverage A - Coverage B and C 	Included \$25,000
Ordinance or Law - Increased Period of Restoration	\$10,000
Ordinance or Law - Tenants Improvement Extension	\$25,000
Outdoor Property	\$25,000 \$2,500 for Any One Tree, Shrub, or Plant
Personal Effects and Property of Others	Included in \$200,000 Blanket
Pollutant Clean-Up and Removal	\$25,000
Portable Electronic Devices Coverage Worldwide	\$10,000
Preservation of Property	90 Days
Preservation of Property - Expense	\$25,000
Rewards	\$10,000
Sales Representative Samples	\$25,000

Coverage	Limit
Soft Costs	\$10,000
Spoilage	\$5,000
Temporary Relocation of Property	\$25,000
Tenant Building Insurance	\$25,000
Tenant Insurance - Landlord's Personal Property	\$25,000
Tenant Signs	\$25,000
Theft Damage to Building	Included
Theft of Telephonic Services	\$25,000
Unauthorized Business Credit Card Use	\$5,000
Undamaged Tenants Improvements and Betterments	\$5,000
Underground Water Seepage	\$100,000
Utility Services - Direct Damage - Business Income and Extra Expense	\$50,000 \$25,000
Voluntary Parting	\$5,000
Valuable Papers and Records	Included in \$200,000 Blanket
Windblown Debris	\$2,500
Worldwide Business Personal Property Off Premises	\$50,000

Forms

Description	Number	Edition
Commercial General Liability Coverage Form - Occurrence	CG 00 01	04/13
Employment - Related Practices Exclusion	CG 21 47	12/07
Fungi or Bacteria Exclusion	CG 21 67	12/04
Silica or Silica-Related Dust Exclusion	CG 21 96	03/05
Building and Personal Property Coverage Form	CP 00 10	10/12
Condominium Association Coverage Form	CP 00 17	10/12
Commercial Property Conditions	CP 00 90	07/88
Exclusion of Loss Due to Virus or Bacteria	CP 01 40	07/06
Changes - Fungus, Wet Rot, Dry Rot and Bacteria	CP 04 31	04/02
California Changes - Replacement Cost	CP 04 49	02/20
Causes Of Loss - Special Form	CP 10 30	09/17
California Fraud Statement	ILN 018	01/22

Description	Number	Edition
Common Policy Conditions	IL 00 17	11/98
California Changes - Actual Cash Value	IL 01 02	05/05
California Changes	IL 01 04	09/07
California Changes - Cancellation and Nonrenewal	IL 02 70	12/19
Cap On Losses From Certified Acts of Terrorism	IL 09 52	01/15
Signature Page	SIG-1100	11/17
Availability Of Loss Control Services - NTP	171-0741	08/19
Customer Notice Of Privacy And Producer Compensation Practices Disclosures	231-0862	12/14
Executive Lines Declarations	820-0001	08/19
Executive Lines Common Policy Conditions	820-0002	08/19
California Changes - Executive Lines	820-0104	08/19
Important Notice To Policyholders Claims Made Coverage	820-1017	08/19
Directors And Officers Liability	820-2000	08/19
Condo, Co-Op And Association Directors And Officers Companion	820-2001	08/19
Condo, Co-Op And Association Directors And Officers - Deletion Of Insurance Exclusion	820-2004	08/19
Employment Practices Liability (Claim Expense Within Limits).	820-3000	08/19
Small Commercial Bronze Property Broadening Endorsement	821-0002	08/19
Condominium Association Property Broadening Endorsement	821-0013	08/19
Claim Information Notice To Policyholder	821-0028	08/19
Windstorm or Hail Flat Deductible	821-0035	08/19
Water Damage Deductible	821-3010	08/19
Small Commercial Liability Companion Endorsement	822-0001	08/19
Exclusion - Asbestos	822-3024	08/19
Exclusion - Lead	822-3027	08/19
California Changes - Small Commercial Liability	822-3035	08/19
Condominium Association Liability Coverage	822-3096	08/19
Disclosure Pursuant To Terrorism Risk Insurance Act	825-0008	08/19

Description	Number	Edition
Cap On Losses From Certified Acts Of Terrorism	825-0018	08/19
Exclusion Of Punitive Damages Related To ACertified Act Of Terrorism	825-0019	08/19
Ha nover Small Commercial Policy Declarations Taxes, Surcharges, and Fees	825-0051	06/21
Ha nover Small Commercial Policy Declarations	825-3000	08/19
Ca li fornia Insurance Supplement California Department Of Insurance Race, National Origin & Gender Form	825-3003	06/20
Trade Or Economic Sanctions Endorsement	825-3029	08/19
Fo llow Form Excess And Umbrella Liability Coverage	826-0001	08/19
Schedule Of Underlying Coverages	826-0002	08/19
Fo llow Form Excess And Umbrella Declarations	826-0003	08/19
Cl ai ms Made Endorsement	826-0022	08/19
Excl us ion - Aircraft Products, Grounding And Testing(Coverage B)	826-0040	08/19
Other Coverage Endorsement(Coverage B)	826-0053	08/19
Excl us ion - Abuse Or Molestation (Coverage A And B)	826-0081	08/19
Ca li fornia Changes	826-0104	08/19
Excl us ion - Silica(Coverage A And B)	826-0158	08/19
Excl us ion - Cross Suit(Coverage A And B)	826-0189	08/19
Excl us ion - Lead (Coverage A And B)	826-0190	08/19
Excl us ion - Occupational Disease (Coverage B)	826-0192	08/19
Excl us ion - Fungi Or Bacteria Liability (Coverage B)	826-0259	08/19
Underlying Insurance Redefined	826-0275	08/19
Ca li fornia Changes - Cyber Liability And Data Breach	850-3056	08/19
Data Breach Property Coverage Form	850-3072	08/19
Data Breach Services For Employees And Family Members	850-3073	08/19
Data Breach Services - Designated Service Provider	850-3074	08/19

THIS NOTICE IS PROVIDED IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS NOTICE DOES NOT GRANT COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF COVERAGE UNDER THE POLICY. IF THERE IS A CONFLICT BETWEEN THIS NOTICE AND THE POLICY, THE PROVISIONS OF THE POLICY SHALL APPLY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE	
DISCLOSURE OF PREMIUM	
Total Terrorism Premium	\$216
Fire Following Premium	\$80
Other than Fire Following Premium	\$136

Disclosure of Terrorism Coverage Available

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from “acts of terrorism” defined in Section 102(1) of the Act as follows:

Any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States’ government by coercion.

The premium charged for this coverage is provided in the **SCHEDULE** above and does not include any charges for the portion of loss that may be covered by the Federal Government as described below. This premium has been added to your policy and unless this form is signed and returned to us to reject terrorism coverage, coverage for Certified Acts of Terrorism is provided by your policy.

Your policy may contain other exclusions which could affect your coverage, such as an exclusion for Nuclear Events or Pollution. **Please read your policy carefully.**

Note for Commercial Property or Commercial Inland Marine Policyholders in Standard Fire States: (CA, GA, IL, IO, ME, MO, NY, NC, OR, WA, WV, WI)

In your state, a terrorism exclusion makes an exception for (and therefore provides coverage for) fire losses resulting from an act of terrorism. If you reject the offer of terrorism coverage in this form, therefore, that rejection does not apply to fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy. The additional premium just for such fire coverage is shown in the **SCHEDULE** above.

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States government through the Department of the Treasury may pay a share of terrorism losses insured under the federal program under a formula set forth in the Act. Under this formula, the United States government generally reimburses the following percentage of covered terrorism loss which exceeds the statutorily established deductible paid by the insurance company providing the coverage: 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020. However, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap on Insurer Participation in Payment of Terrorism Losses

If the aggregate of insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion dollars in a calendar year and we have met our insurer deductible under the Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion dollars. In such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

REJECTION OF TERRORISM INSURANCE COVERAGE*

_____ I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism, and that an exclusion for such losses will be added to my policy.

Michael Lyon

Applicant/Policyholder Signature

Michael Lyon Type text here

Print Name

10-9-24

Date

Allmerica Financial Benefit
Insurance Co

Insurance Company

325234-01

Quote or Policy Number

*If this policy is a renewal and:

- a. You have previously submitted a signed Rejection, you are not required to submit an additional Rejection at this time; or
- b. You have previously accepted coverage and now wish to reject, you are required to complete and sign the Rejection of Terrorism Insurance Coverage above.

Billing

Business Owners Advantage with Umbrella Payment Plan (Quote/Policy Number: 32523401)

Payment Plan	Down Payment	Each Additional Installment*	Total Cost
Monthly (EFT)	\$1,613.76	\$1,613.76	\$19,365.13
Monthly (Non EFT)	\$3,873.03	\$1,408.37	\$19,365.13
Full Pay	\$19,365.13	\$0.00	\$19,365.13
10 Pay	\$3,873.03	\$1,721.34	\$19,365.13
4 Pay	\$4,841.28	\$4,841.28	\$19,365.13
2 Pay	\$9,682.56	\$9,682.57	\$19,365.13

*May include service fees if applicable

Pay by phone or pay online: 800-573-1187 | www.Hanover.com

Make a payment 24 hours a day with your American Express, Visa, MasterCard, Discover, debit card or checking account. Where permissible, payments made by credit card will incur a credit card fee of up to 3%. This fee is charged by our 3rd party payment processor and is non-refundable. If you do not wish to incur this fee, please choose another payment method.

Customer service: 800-922-8427

Call us with billing questions 24/7.

Important information

- Payments made by phone or online by 6:00 pm (EST) are applied the same day.
- Payments made after 6:00 pm (EST) will be posted the following business day.

A FEW MINUTES CAN SAVE YOU MONEY!

EFT reduces direct bill installment fees, check fees and postage! Fill out the information below to start paying your bill by EFT. Or go to Hanover.com/MHP to enroll and manage your EFT account. It only takes a few minutes and could save you a lot. Plus, don't forget to sign up for Paperless policy and billing documents.

BANK ACCOUNT HOLDER NAME AND ADDRESS

First Name: _____ Last Name: _____ Suffix: _____

OR

Company Name: _____

Email Address: _____ Phone #: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP: _____

BANK ACCOUNT INFORMATION (Select one)

The information provided will be used by Hanover or Citizens for processing your payment and will be kept confidential.

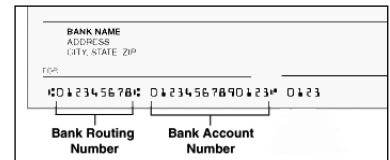
Bank Name: _____

Personal Account – Checking Personal Account – Savings Business Account – Checking Business Account – Savings

ABA/ACH Routing Number: _____

Checking or Savings Account Number: _____

Payment Plan*: Full Pay 2 Pay** 4 Pay
 10 Pay (CL/Specialty policies only) Monthly



*If no payment plan is indicated, your policy will be defaulted to a Monthly payment plan.
 **Available in all states except RI.

Withdrawal Date: (select a day between the 1st and 28th) _____ (If no date is chosen, the withdrawal will automatically be made on the 10th of the month.)

Write the policy numbers of the policies you wish to enroll in the EFT program in the spaces below:

Policy #1: _____
 Policy #2: _____
 Policy #3: _____
 Policy #4: _____

Policy Number and Details	Effective Date	Previously Billed	Current Amount Billed	Amount Due
Personal Auto Policy ACA 1234567	12/16/15 12/16/16	\$0.00	\$3,346.00	\$3,346.00
Home Policy HNA 1111111	12/16/15 12/16/16	\$0.00	\$2,452.00	\$2,452.00
Total Amount Due:				\$5,798.00

DEDUCTION AUTHORIZATION

By signing below, you are enrolling in The Hanover Insurance Company ("Hanover") and Citizens Insurance Company of America ("Citizens") Electronic Funds Transfer ("EFT") Payment Program to pay your insurance premium. You authorize the Hanover or Citizens, as applicable, to initiate withdrawals from the bank account provided above to pay the premiums for the indicated policy(ies) and any renewals thereof. The enrollment will become effective when you receive written confirmation from your insuring Hanover or Citizens company. Any overpayment or refunds of the paid premiums may be returned to the bank account. This authorization will remain in effect until your insuring Hanover or Citizens company and your bank receives a written notice of termination from you and a reasonable time to cancel your enrollment. The information provided in this form will be used by The Hanover or Citizens to process your premium payment and will be kept confidential. We may also use the email address provided to communicate with you periodically about your policy or other Hanover offerings and services. If you fail to provide a date for your EFT withdrawal, you agree for the payment to be made on the 10th of the month in which it's due. Please note all payments returned for insufficient funds or closed account will be assessed a fee. If your EFT payment is dishonored by your bank due to lack of funds or for any other reason, we may terminate your EFT enrollment. Any amount you owe shall not be waived by termination of your EFT enrollment. Implementing your EFT request may take up to 30 days. Please continue to make scheduled direct bill payments to avoid an interruption in coverage until you receive a written notice of EFT enrollment confirmation in the mail.

Account holder's signature _____ Date _____

Mail to: The Hanover Insurance Company, PO Box 15083, Worcester, MA 01653-0083
 Email: hanovereft@hanover.com | Fax number: 508-926-5438

If this fax or email has been received in error, please forward it to 508-926-5438
 or email it to hanovereft@hanover.com and destroy all copies