

## 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

# LUXTOR COACHELLA OWNERS ASSOCIATION MASTER INSURANCE POLICY

### 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"><li>- Broad Form Vendors</li><li>- Co-owner of Insured Premises</li><li>- Mortgagee, Assignee, or Receiver</li><li>- Grantor of Franchise</li><li>- Lessor of Leased Equipment</li><li>- Manager or Lessor of Premises</li></ul>
Additional Insured by Contract, Agreement or Permit With Completed Operations and Primary and Non-contributory
Product Recall Expense <ul style="list-style-type: none"><li>- Product Recall Expense Each Occurrence Limit \$25,000</li><li>- Product Recall Expense Aggregate Limit \$50,000</li><li>- Product Recall Deductible \$500</li></ul>
Limits of Insurance Amended <ul style="list-style-type: none"><li>- Aggregate Limits of Insurance Per Location</li></ul>
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"> <li>- Buildings</li> <li>- Business Personal Property</li> <li>- Business Income and Extra Expense</li> </ul>	\$1,000,000 \$500,000 \$500,000
Non-Owned Detached Trailers	Included
Ordinance or Law <ul style="list-style-type: none"> <li>- Coverage A</li> <li>- Coverage B and C</li> </ul>	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 A Certified Act Of Terrorism	825-0019	08/19
Ha nover Small Commercial Policy Declarations Taxes, Surcharges, a nd Fees	825-0051	06/21
Ha nover Small Commercial Policy Declarations	825-3000	08/19
Ca lifornia Insurance Supplement California Department Of Insurance Race, National Origin & Gender Form	825-3003	06/20
Trade Or Economic Sanctions Endorsement	825-3029	08/19
Fol low Form Excess And Umbrella Liability Coverage	826-0001	08/19
Schedule Of Underlying Coverages	826-0002	08/19
Fol low Form Excess And Umbrella Declarations	826-0003	08/19
Cl a i m s Ma de Endorsement	826-0022	08/19
Exclusion - Aircraft Products, Grounding And Testing(Coverage B)	826-0040	08/19
Other Coverage Endorsement(Coverage B)	826-0053	08/19
Exclusion - Abuse Or Molestation (Coverage A And B)	826-0081	08/19
Ca lifornia Changes	826-0104	08/19
Exclusion - Silica(Coverage A And B)	826-0158	08/19
Exclusion - Cross Suit(Coverage A And B)	826-0189	08/19
Exclusion - Lead (Coverage A And B)	826-0190	08/19
Exclusion - Occupational Disease (Coverage B)	826-0192	08/19
Exclusion - Fungi Or Bacteria Liability (Coverage B)	826-0259	08/19
Underlying Insurance Redefined	826-0275	08/19
Ca lifornia 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](http://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](http://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.

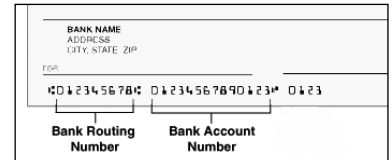
Bank Name: \_\_\_\_\_

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: \_\_\_\_\_

Billing Detail					
Policy Number and Details	Effective Date	Previously Billed	Current Amount Billed	Amount Due	
Personal Auto Policy AZA 1234567	12/16/15 12/16/16	\$0.00	\$3,246.00	\$3,246.00	
Home Policy HNA 1111111	12/16/15 12/16/16	\$0.00	\$2,452.00	\$2,452.00	
			<b>Total Amount Due:</b>	<b>\$5,798.00</b>	

**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](mailto: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](mailto:hanovereft@hanover.com) and destroy all copies**