



THE ANDOVER COMPANIES

MERRIMACK MUTUAL FIRE INSURANCE CO., FOUNDED 1828 • BAY STATE INSURANCE CO., FOUNDED 1955 • CAMBRIDGE MUTUAL FIRE INSURANCE CO., FOUNDED 1833

RECURRING ELECTRONIC FUNDS TRANSFER ("EFT") AUTHORIZATION FORM

Policy Number _____

Policyholder's Name _____

Bank Name: _____

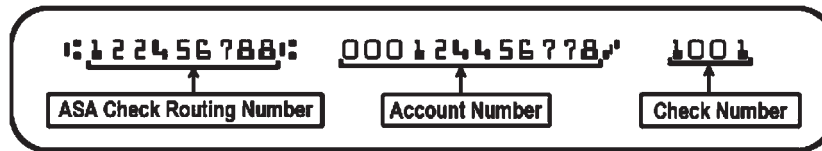
Bank Routing Number: _____ Bank Account Number: _____

Checking Account
(attach voided check)

Savings Account
(attach deposit ticket)

Personal Account

Commercial Account



Bank Account Owner Name: _____ Phone: _____

Bank Account Owner's Address: _____
(Street Address)

(City) (State) (zip)

Authorization Agreement

Subject to the Terms and Conditions printed on the reverse side of this form, which I have read and hereby accept, I authorize The Andover Companies (Merrimack Mutual Fire Insurance Company, Cambridge Mutual Fire Insurance Company or Bay State Insurance Company) to enroll me in its Recurring Electronic Funds Transfer Premium Payment Plan ("Recurring EFT Premium Payment Plan") and initiate monthly deductions from my above-identified bank account ("Payment Account") to pay the premiums for the above-identified insurance policy and any renewals thereof. I certify that the Payment Account is an account from which I am authorized to make payments. I may terminate this authorization only by giving the Andover Companies written notice of termination, in which case this authorization will remain in effect for up to 30 days following the Andover Companies' receipt of my notice of termination.

Signature of Bank Account Owner: _____ Date: _____

You have been provided this form in duplicate. Please complete both copies, retain one for your records, and return the other to:

The Andover Companies
Attn: Billing Department
95 Old River Rd
Andover MA 01810



THE ANDOVER COMPANIES

MERRIMACK MUTUAL FIRE INSURANCE CO., FOUNDED 1828 • BAY STATE INSURANCE CO., FOUNDED 1955 • CAMBRIDGE MUTUAL FIRE INSURANCE CO., FOUNDED 1833

RECURRING ELECTRONIC FUNDS TRANSFER ("EFT") AUTHORIZATION FORM

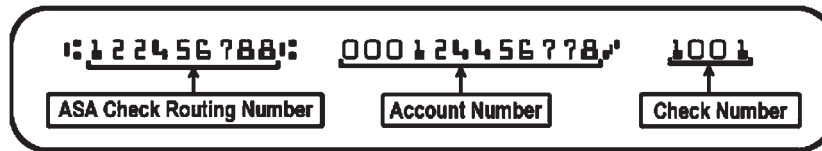
Policy Number _____

Policyholder's Name _____

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

- Checking Account (attach voided check)
 Savings Account (attach deposit ticket)
 Personal Account
 Commercial Account



Bank Account Owner Name: _____ Phone: _____

Bank Account Owner's Address: _____
(Street Address)

(City) (State) (zip)

Authorization Agreement

Subject to the Terms and Conditions printed on the reverse side of this form, which I have read and hereby accept, I authorize The Andover Companies (Merrimack Mutual Fire Insurance Company, Cambridge Mutual Fire Insurance Company or Bay State Insurance Company) to enroll me in its Recurring Electronic Funds Transfer Premium Payment Plan ("Recurring EFT Premium Payment Plan") and initiate monthly deductions from my above-identified bank account ("Payment Account") to pay the premiums for the above-identified insurance policy and any renewals thereof. I certify that the Payment Account is an account from which I am authorized to make payments. I may terminate this authorization only by giving the Andover Companies written notice of termination, in which case this authorization will remain in effect for up to 30 days following the Andover Companies' receipt of my notice of termination.

Signature of Bank Account Owner: _____ Date: _____

You have been provided this form in duplicate. Please complete both copies, retain one for your records, and return the other to:

The Andover Companies
 Attn: Billing Department
 95 Old River Rd
 Andover MA 01810

THE ANDOVER COMPANIES

Terms and Condition of Recurring EFT Premium Payment Plan

1. To be eligible for Recurring Electronic Fund Transfer ("EFT") Premium Payment Plan, the policy premium must exceed \$500. Your payment will consist of twelve monthly installments. There are no service charges associated with this payment plan.

2. You may only stop payment of a pre-authorized electronic fund transfer by notifying your financial institution at least three business days before the scheduled date of the transfer. Therefore, you should not participate in the Recurring EFT Premium Payment Plan unless you are satisfied that you will not need to stop payment.

3. Once you enroll in the Recurring EFT Premium Payment Plan, please do not make payment by any other method.

4. All payments will be processed as electronic funds transfers ("EFTs") on approximately the same date each month and for the amount indicated on the policy payment schedule. Please note that the payments are transferred according to your bank's business calendar. No reminder notice will be sent for payments but they will appear on your monthly bank statement. A check will not be returned to you by your financial institution. If changes which affect your premium are made to the policy, a new payment schedule will be mailed to you.

5. If the amount in your Payment Account is insufficient for the required deduction or the deduction cannot be made for any other reason associated with your Payment Account, no withdrawal will be made and the amount will be added to the next unbilled payment and a new payment schedule will be mailed to you. Any two separate occurrences of missed monthly deductions during the current policy term will constitute nonpayment of premium for purposes of the cancellation provisions of your insurance policy. This will automatically **terminate** your enrollment in the Recurring EFT Premium Payment Plan and will require **full payment** of the remaining balance on the policy.

6. If you have any questions about, or think there is an error in, an EFT deduction by The Andover Companies, you should as soon as possible notify us either by telephone at 1-800-225-0770 during customer service hours, or write us at The Andover Companies, 95 Old River Road, Andover, MA 01810. Whether you contact Andover by telephone or in writing, you must (1) tell us your name and policy number; (2) identify the transfer in question and explain as clearly as possible why you need more information or why you believe there is an error; and (3) if you believe there is an error in the dollar amount, state the amount.

If your inquiry or a suspected error with respect to an EFT deduction concerns an entry in a Payment Account statement from your financial institution, we must hear from you no later than ninety (90) days after the FIRST statement was sent to you on which the problem or error appears. If you tell us verbally, we may require you to submit a written confirmation within ten (10) Business Days after your verbal notification. We will tell you the results of our investigation within ten (10) Business Days after we hear from you, and will correct any error promptly. However, if we require more time, we reserve the right to take up to forty-five (45) days to complete our investigation, in which case we will provisionally credit your Payment Account within ten (10) Business Days for the amount you think is in error. If we ask for a written confirmation and we do not receive it within ten (10) Business Days, we will not provisionally credit your Payment Account. If it is determined there was no error we will mail you a written explanation within three (3) Business Days after completion of our investigation and may revoke any provisional credit provided to you. You may ask for copies of documents used in our investigation. If you do not tell us within ninety (90) days after the statement was sent to you, you may lose any amount withdrawn in error if we can prove that we could have prevented the withdrawal had you told us in time.

7. Any documentation provided to you by The Andover Companies which indicates that an EFT withdrawal was made shall be admissible as evidence of such withdrawal and shall constitute prima facie proof that such withdrawal was made.