

**CITIZENS INSURANCE COMPANY OF AMERICA**

**PERSONAL AUTO PAYMENT PLANS - MASSACHUSETTS**

**Bill Plan:** Direct Bill (Multiple policies may be billed on the same invoice or on separate invoices. Fees\* apply on the invoice level.)

**Policy Term:** 12 Month Policy Term

**Payment Plan Options:**

- Full-Pay Full payment of premium is due on the policy effective date or can be submitted in advance with the application. (\*Note: If all policies on an invoice are Full-Pay, no fees will be charged.)
- Four-Pay Four installments of 25% each. First deposit is due on the policy effective date or can be submitted in advance with the application. The remaining three installments are due at three, six and nine months from the policy effective date.
- Ten-Pay Down payment equaling 20% of the annual premium. First deposit is due on the policy effective date or can be submitted in advance with the application. The remaining nine installments are due at one month intervals from the policy effective date.
- Monthly Down payment equaling 20% of the annual premium. First deposit is due on the policy effective date or can be submitted in advance with the application. The remaining installments are due at one month intervals from the policy effective date.

\*Electronic Funds Transfer (EFT) is an available payment method for all payment plans. Invoice fees are waived when the EFT payment method is selected or when all policies on the invoice are Full-Pay.

**Bill Plan:** Payroll Deduction (No invoice fees apply)

**Policy Term:** 12 Month Policy Term

**Payment Plan Options:** Deductions over the term of the policy at intervals defined by policyholder pay frequency.

**THE HANOVER INSURANCE GROUP  
PERSONAL LINES FEE SCHEDULE – MASSACHUSETTS  
Private Passenger Automobile**

**INVOICE FEE**

Direct Bill: Multiple policies may be billed on the same invoice or on separate invoices. A fee of **\$6.00** will apply to each invoice.

**LATE FEE**

A fee in the amount of **\$25.00** will be assessed on all Personal Lines Direct Bill policies if payment has not been received three (3) days after the due date. A legal notice of intent to cancel for nonpayment of premium will be issued at that time and it will include the late fee and the original amount billed.

Policyholders will be notified of the company's intent to assess this fee on their bill statement 65 days in advance.

Payments received prior to the cancellation of the policy for nonpayment of premium will be applied first to the late fee and then to the outstanding premium. For any policy where the payment is not received, it will be cancelled and the late fee will become part of the outstanding earned premium due to the company.

**NON-SUFFICIENT FUNDS/ACCOUNT CLOSED FEE**

A fee in the amount of **\$30.00** will be charged on all Personal Lines Direct Bill and EFT payments returned by our banks to us for non-sufficient funds and account closed situations. To include all policies utilizing these billing methods for all Personal P & C lines of business. This fee is not part of the premium and is only applied when a bad check is remitted.

**THE HANOVER INSURANCE GROUP  
PERSONAL LINES FEE SCHEDULE – MASSACHUSETTS  
Private Passenger Automobile**

**INSTALLMENT FEE INVOICE FEE**

**Direct Bill: Multiple policies may be billed on the same invoice or on separate invoices. A fee of \$6.00 will apply to each invoice.**

**LATE FEE**

A fee in the amount of **\$25.00** will be assessed on all Personal Lines Direct Bill policies if payment has not been received three (3) days after the due date. A legal notice of intent to cancel for nonpayment of premium will be issued at that time and it will include the late fee and the original amount billed.

Policyholders will be notified of the company's intent to assess this fee on their bill statement 65 days in advance.

Payments received prior to the cancellation of the policy for nonpayment of premium will be applied first to the late fee and then to the outstanding premium. For any policy where the payment is not received, it will be cancelled and the late fee will become part of the outstanding earned premium due to the company.

**NON-SUFFICIENT FUNDS/ACCOUNT CLOSED FEE**

A fee in the amount of **\$30.00** will be charged on all Personal Lines Direct Bill and EFT payments returned by our banks to us for non-sufficient funds and account closed situations. To include all policies utilizing these billing methods for all Personal P & C lines of business. This fee is not part of the premium and is only applied when a bad check is remitted.

CITIZENS INSURANCE COMPANY OF AMERICA

PERSONAL AUTO PAYMENT PLANS - MASSACHUSETTS

**Bill Plan:** Direct Bill (Multiple policies may be billed on the same invoice or on separate invoices. Fees\* apply on the invoice level.)

**Type of Plan Policy Term:** 12 Month Policy Term

**Payment Plan Options:**

**Prepaid Full-Pay** Full payment of premium is due on the policy effective date or can be submitted in advance with the application. No fees. Full payment of premium is due on the policy effective date or can be submitted in advance with the application. (\*Note: If all policies on an invoice are Full-Pay, no fees will be charged.)

**Four-Pay** ~~Four installments of 25% each. First deposit is due on the policy effective date or can be submitted in advance with the application. The remaining three payments of premium and installment fees are due at two, five and eight months from the policy effective date.~~ Four installments of 25% each. First deposit is due on the policy effective date or can be submitted in advance with the application. The remaining three installments are due at three, six and nine months from the policy effective date.

**Ten-Pay** ~~Down payment equaling 20% of the annual premium with nine remaining installments. The installment fee is added onto the nine subsequent premium amounts.~~ Down payment equaling 20% of the annual premium. First deposit is due on the policy effective date or can be submitted in advance with the application. The remaining nine installments are due at one month intervals from the policy effective date.

**Monthly** Down payment equaling 20% of the annual premium. First deposit is due on the policy effective date or can be submitted in advance with the application. The remaining installments are due at one month intervals from the policy effective date.

\*Electronic Funds Transfer (EFT) is an available payment method for all payment plans. Invoice fees are waived when the EFT payment method is selected or when all policies on the invoice are Full-Pay.

**Bill Plan:** Payroll Deduction (No invoice fees apply)

**Policy Term:** 12 Month Policy Term

**Payment Plan Options:** Deductions over the term of the policy at intervals defined by policyholder pay frequency.

**Type of Plan:** Account Billing Plan

~~Ten Pay — 10% down of the total premium and nine subsequent payments of premium each for 10% of the total premium payment. The installment fee is added onto the nine subsequent premium amounts.~~

~~All policies on account bill must be written for an annual (12 month) term.~~

~~**Type of Plan: Agency Bill**~~

~~Twelve Pay — Twelve equal installments over the term of the policy. No installment fee.~~

~~All policies on agency bill must be written for an annual (12 month) term.~~

~~**Type of Plan: Electronic Funds Transfer (EFT)**~~

~~Twelve Pay — Twelve equal installments over the term of the policy. No installment fee.~~

~~**Type of Plan: Payroll Deduction**~~

~~Twelve Pay — Twelve equal installments over the term of the policy. No installment fee.~~