

THE HANOVER INSURANCE GROUP

REINSTATEMENT FEE

A fee in the amount of **\$20.00** will be assessed on all Personal Lines Direct Bill policies if the company agrees to reinstate a policy that has cancelled for nonpayment of premium.

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

Upon approval for reinstatement, policyholders will be required to pay any premium and accrued fees due in addition to the reinstatement fee.

Reinstatement Fee Justification

Per Item Costs:

Issuing and mailing reinstatement declaration page:	\$0.50
Call Center Costs (includes processing):	\$14.07
Underwriting Costs:	<u>\$9.38</u>
	\$23.95

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. The down payment required for the "Monthly" payment plan option when paid by EFT is one month's premium. 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.

HIGHLIGHT
INDICATES
ADDED PAGE

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