

NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

Policy Number

L3D-J084937-00

The Hanover Atlantic Insurance Company, LTD

C/O March Management Services

Victoria Hall, 11 Victoria Street

PO Box hm 1826

Hamilton, HM 11, Bermuda

(A Stock Insurance Company, herein called the **Company**)

SURPLUS LINES POLICYHOLDER NOTICE

This insurance is issued by a nonadmitted insurer not under the jurisdiction of the Maryland Insurance Commissioner

Broker Name: Norman-Spencer Agency, LLC

Address: 10050 Innovation Drive, Suite 340,
Miamisburg, OH 45342

Code: 1602657

Signature:



BROKER STAMP

Premium:

Surplus Lines Tax

Surplus Lines Stamping Fee

Filing Fee

Total:

Item 10. ENDORSEMENTS EFFECTIVE AT INCEPTION: See Schedule of Forms attached.

Item 11. NOTICE TO INSURER

Report a claim to the Company as required by Section G. Duties in the Event of Claim(s) or Potential Claim(s) to:

www.hanover.com/report-claim-online

The Hanover Atlantic Insurance Company, LTD
Care of: The Hanover Insurance Company

440 Lincoln Street
Worcester, MA 01653

National Claims Telephone Number: 800.628.0250 (ext. 8556281)


Facsimile: 508.635.1868

Email: proclaim@hanover.com

The Hanover Atlantic Insurance Company, Ltd.
C/O Marsh Management Services
Victoria Hall, 11 Victoria Street
PO Box hm 1826
Hamilton, HM 11, Bermuda
Tel 301-495-7722

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ABOVE.

In Witness Whereof, The Hanover Atlantic Insurance Company, Ltd. has caused this policy to be executed by its duly authorized officers.



Bryan Salvatore
President



Nathaniel W. Clarkin
Treasurer