



FOR CALIFORNIA RESIDENTS:

CONSUMER REQUEST FOR ACCESS TO PERSONAL INFORMATION FOR CALIFORNIA RESIDENTS

I, _____, request that The Hanover Insurance Group, Inc. (“**Hanover**”) disclose the following as applicable for the past twelve months pertaining to my Personal Information (as defined in our Privacy Policy for California Residents and subject to the California Consumer Privacy Act) (please check applicable boxes):

- The categories of Personal Information collected about me.
- The specific pieces of Personal Information collected about me.
- The categories of sources from which my Personal Information was collected.
- The business or commercial purposes for collecting my Personal Information.
- The categories of third parties with whom Hanover shares my Personal Information.
- The categories of Personal Information Hanover sold about me and the categories of third parties to whom my Personal Information was sold, by category or categories of Personal Information for each third party to whom my Personal Information was sold.
- The categories of personal information that the business disclosed about me for a business purpose.

For consumers who do not have an account: Please indicate whether you request our delivery of the requested information by

(Choose One)

- Mail or
- Electronic Delivery

I understand that I may make a verifiable consumer request for access or data portability twice within a twelve-month period.

Print Name of Consumer

Date

Insurance Policy No.
or Claim No.

Signature of Consumer

Phone Number

Please submit this Request *via* one of the following methods:

Email: privacy@hanover.com

Telephone: 800-446-8379