



FOR CALIFORNIA RESIDENTS:

California Resident Request Form Re: Personal Information

I, _____, request that The Hanover Insurance Group, Inc. (“Hanover”):

- Disclose the following as applicable 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 specific pieces of Personal Information collected about me.
 - The categories of Personal Information collected about me.
 - The categories of sources from which my Personal Information was collected.
 - The categories of personal information that Hanover sold or disclosed for a business purpose about me.
 - The categories of third parties to whom the personal information was sold or disclosed for a business purpose.
 - The business or commercial purpose for collecting or selling personal information.
- Delete any Personal Information that Hanover has collected about me.
- Correct the Personal Information that Hanover has about me.
- Opt out of any sale and/or sharing of my Personal Information to third parties.

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

(Choose One)

- Mail or
- Electronic Delivery

By submitting this form, I certify that I am filing a request in connection with data that relates to me. I understand that falsifying information could lead to an improper release of another individual’s personal information. I authorize Hanover to contact me if additional information is needed to verify my request

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|-----------------------------------|--------------|----------------------------------|
| Print Name of California Resident | Date | Insurance Policy or Claim No. |
| Signature of California Resident | Phone Number | |

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

Email: privacy@hanover.com

Telephone: 800-446-8379