

Small Commercial Renewal Questionnaire

QUESTIONNAIRE INSTRUCTIONS

Whenever used in this questionnaire, the terms you, your(s) and applicant shall mean the named insured and all subsidiaries, unless otherwise stated.

<u>YO</u>	UR BUS	<u>INESS</u>				
	Name of applicant:					
	Addres	Address of applicant:				
	Website address:					
	Hanov	er policy number and renewa	l effective date:			
1.	Please provide your anticipated total annual revenues for the next 12 months. \$					
	What percentage of your total annual revenues is from foreign sales?				%	
	What percentage of your total annual revenues is derived from internet sales?				%	
2.	Check if any of the following have occurred in the past 12 months or may occur in the next 12 months:					
	\square Merger or Acquisition		☐ Newly Formed, Owned Entity			
	□ Name Change (no M&A) □ New Products or Services					
	If so, describe in detail:					
	Have you entered into any new contracts over the past 12 months that exceed 25% of your total revenue? If Yes, please describe, and additional underwriting information maybe requested. (Size of contract—dollar amount and length, client name, work being provided)					
4.	In the past 12 months:					
	a. Have you had any claims or suits resulting from your products or services, or are you aware of any actual or alle circumstances that could reasonably be expected to give rise to a claim under this policy?			eged facts □ Yes	or No	
	b.	Have you sued a customer f	or failure to pay for products or services rendered?	☐ Yes	□No	
	C.	Have you notified consumer	rs or a third party of a security breach incident?	☐ Yes	□No	
	d.	an unscheduled network outage lasting over 4 hours, or has your system or website been used in any				
		type of security incident or a	attack (viruses, denial of service attacks, etc.)?	☐ Yes	□No	
	If you answered yes to any of the questions in #4 above, please provide details:					



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 $\begin{array}{lll} \textbf{hanover.com} \\ \textbf{The Agency Place (TAP)--- https://tap.hanover.com} \end{array}$

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