

REINSTATEMENT NOTICE

NAME AND .
ADDRESS
OF INSURANCE
COMPANY

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

NAME AND .
ADDRESS
OF INSURED

The coverage provided by the policy number shown above and previously cancelled, nonrenewed or scheduled for termination is being reinstated effective _____ at _____ standard time at the insured's mailing address.
(DATE) (HOUR)

AUTHORIZED REPRESENTATIVE

NAME AND
ADDRESS OF
ADDITIONAL
INTEREST

U.S. POSTAL SERVICE CERTIFICATE OF MAILING PS Form 3817 - Facsimile	Affix postage and postmark.
Received From:	
One piece of ordinary mail addressed to:	
FOR USE AS A "CERTIFICATE OF MAILING." MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL. DOES NOT PROVIDE FOR INSURANCE—POSTMASTER.	

(If notice of reinstatement is mailed to the Insured, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of reinstatement to the Insured, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

NOTICE OF CANCELLATION OF THE
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Phone Number of Insurance Company

Date of this Notice

(NAME AND ADDRESS OF INSURED)

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
Effective Date of Cancellation	

Policy Number

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

(Applicable item marked "X")

NONPAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

AMOUNT OF PREMIUM AND FEES DUE: \$ _____

Please note that this cancellation will not take effect if the full amount of premium and fees due shown above is paid on or prior to the effective date of cancellation.

OTHER: _____

You are hereby notified that the Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms as of 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws requires 20 days' advance written notice of cancellation.

The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws a notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

By _____
AUTHORIZED REPRESENTATIVE

IMPORTANT NOTICE TO POLICYHOLDERS: Please read carefully the information below, which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will be not able to choose an insurer, but you will be assigned to an insurance company. In some cases you may not be able to obtain coverage through the plan that is identical to the coverage that was cancelled; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467 (toll free).

Unless one of the three above actions occur, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2 or 3, before the effective date of cancellation, you have a right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation and your license plates should not be used on or after said effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.

(Name and Address
of Insurance
Company)

**NOTICE OF CANCELLATION OF THE
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Phone Number of Insurance Company

Date of this Notice

____ (NAME AND ADDRESS OF INSURED) _____

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
Effective Date of Cancellation	

Policy Number

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

(Applicable item marked "X")

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AMOUNT OF PREMIUM AND FEES DUE: \$ _____

Please note that this cancellation will not take effect if the full amount of premium and fees due shown above is paid on or prior to the effective date of cancellation.

OTHER: _____

You are hereby notified that the Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms as of 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws requires 20 days' advance written notice of cancellation.

The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws a notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

By _____
AUTHORIZED REPRESENTATIVE

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Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will be not able to choose an insurer, but you will be assigned to an insurance company. In some cases you may not be able to obtain coverage through the plan that is identical to the coverage that was cancelled; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467 (toll free).

Unless one of the three above actions occur, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2 or 3, before the effective date of cancellation, you have a right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation and your license plates should not be used on or after said effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:

Postmark Here

To:

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation is mailed to the Insured, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation to the Insured, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

(Name and Address
of Insurance
Company)

NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Phone Number of Insurance Company

(NAME AND ADDRESS OF INSURED)

Date of this Notice

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
Effective Date of Cancellation	

Policy Number

(Specific information concerning the cancellation
has been given to the Insured.)

TO LIENHOLDER:

The above policy is cancelled effective on and after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

AUTHORIZED REPRESENTATIVE

NAME AND
ADDRESS OF
LIENHOLDER



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From: _____

Postmark Here

To: _____

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation is mailed to the Lienholder, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation to the Lienholder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

(Name and Address
of Insurance
Company)

**NOTICE OF CANCELLATION OF THE
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Phone Number of Insurance Company

(NAME AND ADDRESS OF INSURED)

--

Date of this Notice

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
Effective Date of Cancellation	

Policy Number

(Specific information concerning the cancellation
has been given to the Insured.)

TO CERTIFICATE HOLDER:

You are notified that the above policy is cancelled effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

AUTHORIZED REPRESENTATIVE

NAME AND
ADDRESS OF
CERTIFICATE
HOLDER



Certificate Of Mailing

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From:

Postmark Here

To:

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation is mailed to the Certificate Holder, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation to the Certificate Holder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

(Name and Address
of Insurance
Company)

**NOTICE OF CANCELLATION OF THE
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Phone Number of Insurance Company

(NAME AND ADDRESS OF INSURED)

--

Date of this Notice

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
Effective Date of Cancellation	

Policy Number

(Specific information concerning the cancellation
has been given to the Insured.)

TO ADDITIONAL INTEREST:

You are notified that the above policy is cancelled effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

AUTHORIZED REPRESENTATIVE

NAME AND
ADDRESS OF
ADDITIONAL
INTEREST



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From: _____

Postmark Here

To: _____

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation is mailed to the Additional Interest, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation to the Additional Interest, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

**NOTICE OF NONRENEWAL OF
YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Date of this Notice
(Name and Address of Policyholder)

Registration # (Car 1)	Registration # (Car 2)
V.I. Number (Car 1)	V.I. Number (Car 2)
Policy Expiration Date at 12:01 A.M.	

Policy Number _____

We are notifying you that your policy will not be renewed when it expires.

Massachusetts law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Our Reason(s) for Not Renewing Your Policy:

Name of Company

IMPORTANT NOTICE TO POLICYHOLDERS

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly or work with a licensed insurance agent to obtain new insurance from a company that the agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of Chapter 175 of the General Laws of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond.

To Agents and Brokers

If this notice is sent to any agent or broker, the agent or broker must forward it to the insured within fifteen days of its receipt, unless another company has executed a new certificate of insurance. Failure to do so may result in revocation of your insurance agent's or broker's license.

By: _____
Authorized Representative



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From: _____

Postmark Here

To: _____

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Insured, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Insured, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

**NOTICE OF NONRENEWAL OF
YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Date of this Notice (Name and Address of Policyholder)

Registration # (Car 1)	Registration # (Car 2)
V.I. Number (Car 1)	V.I. Number (Car 2)
Policy Expiration Date at 12:01 A.M.	

Policy Number _____

(Specific information concerning the cancellation
or nonrenewal has been given to the Insured.)

TO LIENHOLDER:

The above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

Authorized Representative

NAME AND
ADDRESS OF
LIENHOLDER



Certificate Of Mailing

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To: _____

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Lienholder, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Lienholder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

**NOTICE OF NONRENEWAL OF
YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Date of this Notice (Name and Address of Policyholder)

Registration # (Car 1)	Registration # (Car 2)
V.I. Number (Car 1)	V.I. Number (Car 2)
Policy Expiration Date at 12:01 A.M.	

Policy Number _____

(Specific information concerning the cancellation
or nonrenewal has been given to the Insured.)

TO CERTIFICATE HOLDER:

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

Authorized Representative

NAME AND
ADDRESS OF
CERTIFICATE
HOLDER



Certificate Of Mailing

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From:

Postmark Here

To:

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Certificate Holder, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Certificate Holder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

**NOTICE OF NONRENEWAL OF
YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Date of this Notice (Name and Address of Policyholder)
--

Registration # (Car 1)	Registration # (Car 2)
V.I. Number (Car 1)	V.I. Number (Car 2)
Policy Expiration Date at 12:01 A.M.	

Policy Number _____

(Specific information concerning the cancellation
or nonrenewal has been given to the Insured.)

TO THE ADDITIONAL INTEREST:

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

AUTHORIZED REPRESENTATIVE

NAME AND
ADDRESS OF
ADDITIONAL
INTEREST



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From:

Postmark Here

To:

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Additional Interest, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Additional Interest, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

[NAME OF UNDERWRITING INSURANCE COMPANY]

[11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]

**[NOTICE OF PENDING CANCELLATION/NOTICE OF NONRENEWAL
OF [PRODUCT NAME]]**

**POLICY NO
CANCELLATION TO TAKE EFFECT AT 12:01 AM**

DATE OF NOTICE

[AMERICAN XXXXXX INS. CO.]

[PREMIUM AND FEES DUE:]

[TOTAL DUE:]

[LIENHOLDER/MORTGAGEE:]

AGENT/ACCOUNT:

[LOAN NO.:]

INSURED/BORROWER:

[LOCATION:]

This notice informs you that your insurance coverage will expire at 12:01 a.m. EST on the effective date listed above, according to the terms and conditions of your coverage form. Your insurance coverage will not be continued for the following REASON:

APPLICABLE TO CANCELLATIONS DUE TO NON-PAYMENT OF PREMIUM: Please note that this cancellation will not take effect if the full amount of premium and fees due shown above is paid on or prior to the effective date of cancellation. Please contact us at the toll-free number listed below to make a payment.

NOTICE TO LIENHOLDER/MORTGAGEE (IF APPLICABLE): This notice is to notify you that the agreement under the Loss Payable clause is canceled according to the conditions of the insurance coverage. Your insurable interest will cease at the time and date listed above.

ADDITIONAL INFORMATION REGARDING THIS NOTICE: You have the right to know the reasons behind the decision to terminate your insurance coverage. You have the right to ask us to correct, amend, or delete any information about you in our files. You can provide us with a concise statement and we will put this statement in our files for anyone to review.

If you would like additional information regarding the decision to discontinue your insurance coverage, state law requires you submit a written request within ninety (90) business days of the date of this notice.

Your state may have information available about formal complaint procedures as well as information about insurance placement facilities in your state. This information is found on the reverse side of this notice.

[BILLING QUESTIONS 1-800-370-1990 ALL OTHER QUESTIONS 1-866-344-2527]

[COMPANY COPY]

MASSACHUSETTS IMPORTANT NOTICES

IMPORTANT NOTICE TO POLICYHOLDERS: Please read carefully the information below, which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases you may not be able to obtain coverage through the plan that is identical to the coverage that was cancelled; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467 (toll free).

Unless one of the three above actions occur, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2 or 3, before the effective date of cancellation, you have a right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation and your license plates should not be used on or after said effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.

IMPORTANT NOTICE TO POLICYHOLDERS (APPLICABLE TO NONRENEWALS):

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly or work with a licensed insurance agent to obtain new insurance from a company that the agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicles insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of Chapter 175 of the General Laws of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond.

To Agents and Brokers

If this notice is sent to any agent or broker, the agent or broker must forward it to the insured within fifteen days of its receipt, unless another company has executed a new certificate of insurance. Failure to do so may result in revocation of your insurance agent's or broker's license.

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE
(Massachusetts)**

NAME AND
ADDRESS
OF INSURANCE
COMPANY

NAME AND
ADDRESS
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:
(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Applicable item marked "X")

In accordance with Massachusetts law and the provisions of your policy, we are hereby notifying you that the coverage indicated in this notice is cancelled effective at and from the hour and date mentioned above:

- Collision (Part 7)
- Comprehensive (Part 9)

A. This cancellation applies to the vehicle(s) described in this notice because you have, or a person who customarily drives that vehicle has:

- been convicted of vehicular homicide, auto insurance related fraud, or auto theft within the last 5 years;
- made an intentional and material misrepresentation in making claim under Collision or Comprehensive within the last 5 years;
- been involved in four or more at-fault accidents within the three years preceding the effective date of the policy;
- had two or more total theft or fire insurance claims, within the three years preceding the effective date of the policy;
- been convicted of any category of driving while under the influence of alcohol or drugs within the last 3 years.

B. This cancellation applies to the vehicle(s) described in this notice because it:

- has been issued a salvage title by the Registrar of Motor Vehicles;
- is a high-theft vehicle which does not have at least a minimum anti-theft or auto recovery device as prescribed by the Commissioner of Insurance.

C. This cancellation applies to the vehicle(s) described below because:

- nonpayment of premium.

Description of Vehicle(s)

Vehicle Description	V.I. Number
Vehicle Description	V.I. Number
Vehicle Description	V.I. Number

RIGHT OF APPEAL AFTER CANCELLATION

You may appeal the cancellation of this coverage by filing a complaint in writing, at the Office of the Commissioner of Insurance, at 1000 Washington St., Suite 810, Boston, Massachusetts 02118-6200, on a printed form prescribed and furnished by the Commissioner, before the effective date of cancellation, which entitles you to a hearing before the Board of Appeal on Motor Vehicle Liability Policies and Bonds.

If the Board does not hear your appeal before the effective date of Cancellation indicated in this notice, your coverage will continue in effect until a determination on your appeal can be made.

AUTHORIZED REPRESENTATIVE



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

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From: _____

To: _____

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Insured, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Insured, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE
(Massachusetts)**

NAME AND .
ADDRESS .
OF INSURANCE
COMPANY

NAME AND .
ADDRESS .
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE: (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation
or nonrenewal has been given to the Insured.)

TO LIENHOLDER:

The above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

AUTHORIZED REPRESENTATIVE

NAME AND .
ADDRESS OF
LIENHOLDER



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: _____

To: _____

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Lienholder, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Lienholder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE
(Massachusetts)**

NAME AND .
ADDRESS
OF INSURANCE
COMPANY

NAME AND .
ADDRESS
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE: (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation
or nonrenewal has been given to the Insured.)

TO CERTIFICATE HOLDER:

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

AUTHORIZED REPRESENTATIVE

NAME AND .
ADDRESS OF
CERTIFICATE
HOLDER



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From: _____

Postmark Here

To: _____

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Certificate Holder, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Certificate Holder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #
Signed on this Date of Mailing

Signature _____

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE
(Massachusetts)**

NAME AND .
ADDRESS
OF INSURANCE
COMPANY

NAME AND .
ADDRESS
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE: (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation
or nonrenewal has been given to the Insured.)

TO THE ADDITIONAL INTEREST:

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

AUTHORIZED REPRESENTATIVE

NAME AND .
ADDRESS OF
ADDITIONAL
INTEREST



Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

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PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Additional Interest, complete the following.)

CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Additional Interest, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature _____

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

ANTIQUE AUTO MANUAL MASSACHUSETTS

FORMS

Form Number

Description

ISO Forms:

PP 00 01 01 05

Personal Auto Policy

PP 13 01 12 99

Coverage for Damage to Your Auto Exclusion

Mandatory Forms:

AJ9898JPC-0808

Policy Jacket

ANA0001D-1014

Policy Declaration Page

ID0001-1014

Massachusetts Insurance Identification Card

PP 05 75 05 17

Personal Injury Protection Coverage Massachusetts

(E)GU 439d (Ed. 6-10)

Notice of Cancellation for Collision and Comprehensive Coverage-Massachusetts

(E)GU 560a (Ed. 8-03)

Notice of Reinstatement Notice

(E)GU 6913b (Ed. 6-17)

Notice of Cancellation of Auto Ins. Policy

(E)GU 9740e (Ed. 3-09)

Notice of Nonrenewal Auto Ins. Policy

N3380-117AAMANOTE.DOD-1117

Notice of Pending Cancellation

Mandatory Endorsements:

AB3807EPC-1014

Amendment of Policy Provisions Endorsement Massachusetts

AB3808EPC-1014

Uninsured Motorists Coverage Massachusetts

AB3811EPC-1014

Antique Auto Coverage Endorsement Massachusetts

AB3814EPC-1014

Other Than Collision Coverage Glass Options Massachusetts

AB3815EPC-1014

Collision Coverage Waiver of Deductible Massachusetts

AH9675ERR-1014

Vehicle/Coverage Schedule Massachusetts

Optional Endorsements:

AB1106EPC-1014

Towing and Labor Emergency Expense Reimbursement Massachusetts

AB3809EPC-1014

Underinsured Motorists Coverage Massachusetts

AB3810EPC-1014

Named Driver Exclusion Endorsement Massachusetts

AB3825EPC-1014

Amendatory Endorsement for Antique Motorcycle Coverage Massachusetts

AB3861EPC-1014

Increased Limits for Spare Parts Coverage Endorsement Massachusetts

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

ANTIQUA AUTO MANUAL MASSACHUSETTS

FORMS

Form Number

Description

ISO Forms:

PP 00 01 01 05

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PP 13 01 12 99

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AB3861EPC-1014

Increased Limits for Spare Parts Coverage Endorsement Massachusetts

MASSACHUSETTS DIVISION OF INSURANCE

FORM UTILIZATION LIST

JULY 2017 EDITION

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Please re-use this sheet as many times as necessary to provide a complete List, or submit your own document providing the same information.