

STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY

(Cancellation of Entire Policy) (This Notice Also Covers Non-Compulsory Coverages)

Policy Number:

	REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
Certificate of		
Mailing No.	V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
	REGISTRATION NUMBER (Car 3)	REGISTRATION NUMBER (Car 4)

V. I NUMBER (Car 3) V. I NUMBER (Car 4)

Effective Date of Cancellation

Producer:

(Copy was sent to this interest(s))

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):

> NONPAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE. THIS CANCELLATION WILL NOT TAKE EFFECT IF THE MINIMUM AMOUNT DUE IS PAID ON OR PRIOR TO THE EFFECTIVE DATE OF CANCELLATION.

FULL AMOUNT DUE

MINIMUM AMOUNT DUE

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above named company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the date stated above. Sect ion 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written not ice of cancel lat ion. The premiums earned on this policy to the effective date of cancel lat ion will be adjusted in accordance with the terms of this policy. In accordance with the provisions of Sect ion 113A of Chapter 175 of the General Laws, as amended, a not ice of this cancel lat ion will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancel lat ion stated above.

IMPORTANT NOTICE:	Read carefully the information on the reverse side of this notice, which states your legal rights under the compulsory insurance law relative to this cancellation.	Ву	Authorized Signature
	(See Reverse Side)		
	RETURN WITH PAYMENT		
		Policy Number:	
COPY TO:		Producer Code:	

Cancellation Effective Amount Paid \$ Late Fee (If Different) Included in Amount Due Full Amount Due Minimum Amount Due

ARBELLA MUTUAL INSURANCE COMPANY PO BOX 4033 WOBURN, MA 01888-4033

SEND TO:

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles must, on the effective date of cancellation indicated, revoke the registration certificate and number plates unless -

- 1. You receive a reinstatement of Statutory Insurance from the same company that has sent you this cancellation notice; or -
- 2. You file an entirely new registration application with the certificate of Statutory Insurance properly filled out by some other approved insurance company. If you elect to secure Statutory Insurance in a new company, such new registration application must reach the Registrar's office at least two days prior to the effective date of cancellation; or -
- 3. You file a complaint in writing, at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110-2208 on a printed form prescribed by and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.

Unless you take one of the three courses indicated above, your registration will be revoked on the effective date of cancellation indicated in this notice and you will be required to return your certificate of registration and number plates to the Registrar.

Right of Appeal After Cancellation And Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, 3, before the effective date of cancellation, you still have a right to file a written complaint at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110-2208 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.



Certificate of Mailing No.

Date of this Notice:

STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY

(Cancellation of Entire Policy)
(This Notice Also Covers Non-Compulsory Coverages)

Policy Number:

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
REGISTRATION NUMBER (Car 3)	REGISTRATION NUMBER (Car 4)
V. I NUMBER (Car 3)	V. I NUMBER (Car 4)
Effective Date of Cancellation	

Copy to Producer:

(Copy was sent to this interest(s))

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):

NONPAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE. THIS CANCELLATION WILL NOT TAKE EFFECT IF THE MINIMUM AMOUNT DUE IS PAID ON OR PRIOR TO THE EFFECTIVE DATE OF CANCELLATION.

FULL AMOUNT DUE

MINIMUM AMOUNT DUE

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above named company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the date stated above. Section 113A of Chapter 175 of the General Laws, as amended, 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 this policy. In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, 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.

IMPORTANT NOTICE:	Read carefully the information on the reverse side of this notice, which states your legal rights under the compulsory insurance law relative to this cancellation.	Ву	Authorized Signature
	(See Reverse Side)		
	RETURN WITH PAYMENT		
		Policy Number:	
		Producer Code:	

Cancellation Effective		
Amount Paid \$ (If Different)	Late Fee Included in	
(2)	Amount Due	
Full Amount Due	Minimum Amount Due	

IMPORTANT NOTICE TO POLICYHOLDERS:

Please read carefully the information below which outlines your legal rights 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 not renewed: 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 617-521-7777.

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

The Minimum Amount Due shown on this notice must be received on or before the effective date of cancellation. Receipt of the Minimum Amount Due by the effective date will result in a rescission of this notice. Payments that are not honored by your financial institution will void any rescission or reinstatement and result in the policy being cancelled as of the effective date of cancellation.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2, 3, before the effective date of cancellation, you still 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.



STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY

(Cancellation of Entire Policy)
(This Notice Also Covers Non-Compulsory Coverages)

Policy Number:

Certificate of	
Mailing No.	

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

Copy to Producer:

(Copy was sent to this interest(s))

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):

NONPAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE. THIS CANCELLATION WILL NOT TAKE EFFECT IF THE MINIMUM AMOUNT DUE IS PAID ON OR PRIOR TO THE EFFECTIVE DATE OF CANCELLATION.

FULL AMOUNT DUE

MINIMUM AMOUNT DUE

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above named company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the date stated above. Sect ion 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written not ice of cancel lat ion. The premiums earned on this policy to the effective date of cancel lat ion will be adjusted in accordance with the terms of this policy. In accordance with the provisions of Sect ion 113A of Chapter 175 of the General Laws, as amended, a not ice of this cancel lat ion will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancel lat ion stated above.

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	(See Reverse Side)		
	RETURN WITH PAYMENT		
		Policy Number:	
COPY TO:		Producer Code:	
SEND TO:			

ARBELLA MUTUAL INSURANCE COMPANY PO BOX 4033 WOBURN, MA 01888-4033

Cancellation Effective		
Amount Paid \$ (If Different)	Late Fee Included in	
	Amount Due	
Full Amount Due	Minimum Amount Due	

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles must, on the effective date of cancellation indicated, revoke the registration certificate and number plates unless -

- 1. You receive a reinstatement of Statutery Insurance from the same company that has sent you this cancellation notice: or -
- 2. You file an entirely new registration application with the certificate of Statutory Insurance properly filled out by some other approved insurance company. If you elect to secure Statutory Insurance in a new company, such new registration application must reach the Registrar's office at least two days prior to the effective date of cancellation; or –
- 3. You file a complaint in writing, at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110-2208 on a printed form prescribed by and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.

Unless you take one of the three courses indicated above, your registration will be reveked on the effective date of cancellation indicated in this notice and you will be required to return your certificate of registration and number plates to the Registrar.

Right of Appeal After Cancellation And Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, 3, before the effective date of cancellation, you still have a right to file a written complaint at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110-2208 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation or revocation and your number 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 such statutory insurance will be reinstated, the Registrar will be notified and number plates and a certification of registration will again be issued to you.

IMPORTANT NOTICE TO POLICYHOLDERS:

Please read carefully the information below which outlines your legal rights 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 not renewed; 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 617-521-7777.

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

The Minimum Amount Due shown on this notice must be received on or before the effective date of cancellation. Receipt of the Minimum Amount Due by the effective date will result in a rescission of this notice. Payments that are not honored by your financial institution will void any rescission or reinstatement and result in the policy being cancelled as of the effective date of cancellation.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2, 3, before the effective date of cancellation, you still 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.

LEGAL NOTICE OF NONRENEWAL OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Date of this Notice	Registration Number (Car 1)	Registration Number (Car 2)
Name and Address of Policyholder	V.I. Number (Car 1)	V.I. Number (Car 2)
	Registration Number (Car 3)	Registration Number (Car 4)
	V.I. Number (Car 3)	V.I. Number (Car 4)
	Policy Expiration Date at 12:01 a.r	n.
	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

By____

Authorized Signature

IMPORTANT NOTICE

You are required to have compulsory insurance in order to maintain the registration of your auto. Because we are not renewing your policy, you must arrange to replace your insurance with another company as soon as possible. A new certificate of insurance must be filed with the Registry of Motor Vehicles before your present policy expires.

(Continued on reverse side)

IMPORTANT NOTICE (Cont'd)

Massachusetts law provides that you are eligible to obtain al I or most of the nonrenewed overages from the Commonwealth Automobile Reinsurers. Most insurance agents and brokers are authorized to provide insurance through this Association.

If you purchase a new policy, your new insurance company must offer to sell you opt ional insurance coverages. Companies may refuse Collision and Comprehensive coverages under certain circumstances. Al I opt ional coverages are subject to certain deductibles and limits specified in Massachusetts law.

To Agents and Brokers

If t his not ice is sent to any agent or broker, t he agent or broker must forward it to t he 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.

LEGAL NOTICE OF NONRENEWAL OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Date of this Notice	Registration Number (Car 1)	Registration Number (Car 2)
Name and Address of Policyholder	V.I. Number (Car 1)	V.I. Number (Car 2)
	Registration Number (Car 3)	Registration Number (Car 4)
	V.I. Number (Car 3)	V.I. Number (Car 4)
	Policy Expiration Date at 12:01 a.r	n.
	Policy Number	

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Our Reason(s) for Not Renewing Your Policy:

Name of Company

By______Authorized Signature

IMPORTANT NOTICE

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(Continued on reverse side)

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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 insurance 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 M.G.L. c. 175, § 113D to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.

LEGAL NOTICE OF NONRENEWAL OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Date of this Notice	Registration Number (Car 1)	Registration Number (Car 2)
Name and Address of Policyholder	V.I. Number (Car 1)	V.I. Number (Car 2)
	Registration Number (Car 3)	Registration Number (Car 4)
	V.I. Number (Car 3)	V.I. Number (Car 4)
	Policy Expiration Date at 12:01 a.r	n.
	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	Ren	ewina	Υ	our	Poli	CV:

Name of Company			
	Ву	Authorized Signature	

IMPORTANT NOTICE TO POLICYHOLDERS

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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 insurance 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 M.G.L. c. 175, § 113D to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.



STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY

(Cancellation of Entire Policy) (This Notice Also Covers Non-Compulsory Coverages)

Policy Number:

		REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
	Certificate of		
I	Mailing No.	V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
		REGISTRATION NUMBER (Car 3)	REGISTRATION NUMBER (Car 4)

V. I NUMBER (Car 3) V. I NUMBER (Car 4)

Effective Date of Cancellation

Producer:

(Copy was sent to this interest(s))

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):

> NONPAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE. THIS CANCELLATION WILL NOT TAKE EFFECT IF THE MINIMUM AMOUNT DUE IS PAID ON OR PRIOR TO THE EFFECTIVE DATE OF CANCELLATION.

FULL AMOUNT DUE

MINIMUM AMOUNT DUE

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above named company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the date stated above. Sect ion 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written not ice of cancel lat ion. The premiums earned on this policy to the effective date of cancel lat ion will be adjusted in accordance with the terms of this policy. In accordance with the provisions of Sect ion 113A of Chapter 175 of the General Laws, as amended, a not ice of this cancel lat ion will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancel lat ion stated above.

IMPORTANT NOTICE:	Read carefully the information on the reverse side of this notice, which states your legal rights under the compulsory insurance law relative to this cancellation.	Ву	Authorized Signature
	(See Reverse Side)		
	RETURN WITH PAYMENT		
		Policy Number:	
COPY TO:		Producer Code:	

Cancellation Effective Amount Paid \$ Late Fee (If Different) Included in Amount Due Full Amount Due Minimum Amount Due

ARBELLA MUTUAL INSURANCE COMPANY PO BOX 4033 WOBURN, MA 01888-4033

SEND TO:

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles must, on the effective date of cancellation indicated, revoke the registration certificate and number plates unless -

- 1. You receive a reinstatement of Statutory Insurance from the same company that has sent you this cancellation notice; or -
- 2. You file an entirely new registration application with the certificate of Statutory Insurance properly filled out by some other approved insurance company. If you elect to secure Statutory Insurance in a new company, such new registration application must reach the Registrar's office at least two days prior to the effective date of cancellation; or -
- 3. You file a complaint in writing, at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110-2208 on a printed form prescribed by and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.

Unless you take one of the three courses indicated above, your registration will be revoked on the effective date of cancellation indicated in this notice and you will be required to return your certificate of registration and number plates to the Registrar.

Right of Appeal After Cancellation And Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, 3, before the effective date of cancellation, you still have a right to file a written complaint at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110-2208 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.



STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY

(Cancellation of Entire Policy)
(This Notice Also Covers Non-Compulsory Coverages)

Policy Number:

Certificate of	
Mailing No.	

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
REGISTRATION NUMBER (Car 3)	REGISTRATION NUMBER (Car 4)
V. I NUMBER (Car 3)	V. I NUMBER (Car 4)
Effective Date of Cancellation	

Copy to Producer:

(Copy was sent to this interest(s))

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):

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FULL AMOUNT DUE

MINIMUM AMOUNT DUE

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IMPORTANT NOTICE:	Read carefully the information on the reverse side of this notice, which states your legal rights under the compulsory insurance law relative to this cancellation.	Ву	Authorized Signature
	(See Reverse Side)		
	RETURN WITH PAYMENT		
		Policy Number:	
COPY TO:		Producer Code:	
SEND TO:			

ARBELLA MUTUAL INSURANCE COMPANY PO BOX 4033 WOBURN, MA 01888-4033

Cancellation Effective	
Amount Paid \$ (If Different)	Late Fee Included in
(2	Amount Due
Full Amount Due	Minimum Amount Due

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles must, on the effective date of cancellation indicated, revoke the registration certificate and number plates unless -

- 1. You receive a reinstatement of Statutery Insurance from the same company that has sent you this cancellation notice: or -
- 2. You file an entirely new registration application with the certificate of Statutory Insurance properly filled out by some other approved insurance company. If you elect to secure Statutory Insurance in a new company, such new registration application must reach the Registrar's office at least two days prior to the effective date of cancellation; or –
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Unless you take one of the three courses indicated above, your registration will be reveked on the effective date of cancellation indicated in this notice and you will be required to return your certificate of registration and number plates to the Registrar.

Right of Appeal After Cancellation And Revocation - Statutory Insurance

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The filing of such a complaint shall not affect the operation of the cancellation or revocation and your number 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 such statutory insurance will be reinstated, the Registrar will be notified and number plates and a certification of registration will again be issued to you.

IMPORTANT NOTICE TO POLICYHOLDERS:

Please read carefully the information below which outlines your legal rights 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 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 not renewed; 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 617-521-7777.

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

The Minimum Amount Due shown on this notice must be received on or before the effective date of cancellation. Receipt of the Minimum Amount Due by the effective date will result in a rescission of this notice. Payments that are not honored by your financial institution will void any rescission or reinstatement and result in the policy being cancelled as of the effective date of cancellation.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2, 3, before the effective date of cancellation, you still 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.



Certificate of Mailing No.

Date of this Notice:

STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY

(Cancellation of Entire Policy)
(This Notice Also Covers Non-Compulsory Coverages)

Policy Number:

REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
REGISTRATION NUMBER (Car 3)	REGISTRATION NUMBER (Car 4)
V. I NUMBER (Car 3)	V. I NUMBER (Car 4)
Effective Date of Cancellation	

Copy to Producer:

(Copy was sent to this interest(s))

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):

NONPAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE. THIS CANCELLATION WILL NOT TAKE EFFECT IF THE MINIMUM AMOUNT DUE IS PAID ON OR PRIOR TO THE EFFECTIVE DATE OF CANCELLATION.

FULL AMOUNT DUE

MINIMUM AMOUNT DUE

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above named company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the date stated above. Section 113A of Chapter 175 of the General Laws, as amended, 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 this policy. In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, 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.

IMPORTANT NOTICE:	Read carefully the information on the reverse side of this notice, which states your legal rights under the compulsory insurance law relative to this cancellation.	Ву	Authorized Signature
	(See Reverse Side)		
	RETURN WITH PAYMENT		
		Policy Number:	
		Producer Code:	

Cancellation Effective	
Amount Paid \$ (If Different)	Late Fee Included in
	Amount Due
Full Amount Due	Minimum Amount Due

IMPORTANT NOTICE TO POLICYHOLDERS:

Please read carefully the information below which outlines your legal rights 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 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 not renewed: 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 617-521-7777.

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

The Minimum Amount Due shown on this notice must be received on or before the effective date of cancellation. Receipt of the Minimum Amount Due by the effective date will result in a rescission of this notice. Payments that are not honored by your financial institution will void any rescission or reinstatement and result in the policy being cancelled as of the effective date of cancellation.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2, 3, before the effective date of cancellation, you still 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.