

CANCEL DATE	INSURED	POLICY NUMBER
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DETACH



OUTSTANDING BALANCE	PAY EITHER AMOUNT	AMOUNT DUE
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Indicate Amount Paid: \$ _____

COMMERCE INSURANCE CO.
11 GORE ROAD
WEBSTER, MA.01570

Please detach this portion of the notice and return it prior to the date shown above, with your check or money order made payable to:

THE COMMERCE INSURANCE CO.

DETACH



Commerce Insurance
The Commerce Insurance Company
Citation Insurance Company

11 Gore Road, Webster MA 01570
Members of The Commerce Group, Inc.

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.

Notice of Cancellation of the Massachusetts
Automobile Insurance Policy
(Cancellation of Entire Policy)
(This Notice Also Covers Noncompulsory Coverage)

EFFECTIVE DATE OF CANCELLATION	
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POLICY NUMBER	
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DATE OF THIS NOTICE:

OUTSTANDING BALANCE	\$	AMOUNT OF PREMIUMS AND FEES DUE	\$
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SPECIFIC REASON(S) FOR CANCELLATION

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NAME OF INSURED:

You are hereby notified that the designated Massachusetts Automobile Insurance Policy, 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 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 and unearned premiums, if any, will be returned to you. In accordance with the provisions of section 113A of Chapter 175 of the General Laws, a notice of cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above. This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.

AGENT NAME:

PRODUCER CODE:

By David Hartley
COMPANY REPRESENTATIVE

PLEASE CONTACT PREMIUM ACCOUNTING FOR FURTHER INFORMATION

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 617-521-7777.

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 the 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 the 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.

CANCEL DATE	INSURED	POLICY NUMBER
OUTSTANDING BALANCE	PAY EITHER AMOUNT	AMOUNT DUE

AGENT = _____

Indicate Amount Paid: \$ _____

DETACH



00000001112190104085000000539000000037084

COMMERCE INSURANCE CO.
11 GORE ROAD
WEBSTER, MA.01570

Please detach this portion of the notice and return it prior to the date shown above, with your check or money order made payable to:
THE COMMERCE INSURANCE CO.

DETACH



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.

Statutory Notice of Cancellation of the
Massachusetts Motor Vehicle Liability Policy
(Cancellation of Entire Policy)
(This Notice Also Covers Noncompulsory Coverage)

EFFECTIVE DATE OF CANCELLATION	_____
POLICY NUMBER	_____

DATE OF THIS NOTICE:

OUTSTANDING BALANCE	\$	_____	AMOUNT DUE	\$	_____
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SPECIFIC REASON(S) FOR CANCELLATION

NAME OF INSURED:

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 the policy and unearned premiums, if any, will be returned to you. In accordance with the provisions of section 113A of Chapter 175 of the General Laws, as amended, a notice of cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above. This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.

AGENT NAME:

PRODUCER CODE:

By David Hartley
COMPANY REPRESENTATIVE

PLEASE CONTACT PREMIUM ACCOUNTING FOR FURTHER INFORMATION (508) 949-4300

INFORMATION FOR MOTOR VEHICLE REGISTRANTS CONCERNING STATUTORY INSURANCE

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles **must**, on effective date of the 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, 5th Floor, Boston, MA 02110 **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 or 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, 5th Floor, Boston, MA 02110 on a printed form prescribed by 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 certificate of registration will again be issued to you.

(Name and
Address
of
Insurance
Company)

211 Main Street
Webster, Massachusetts 01570

**NOTICE OF CANCELLATION OF THE
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY
(CANCELLATION OF ENTIRE POLICY)
(THIS NOTICE ALSO COVERS NON-COMPULSORY
COVERAGES)**

Date of this Notice:

(NAME AND ADDRESS OF INSURED)

REGISTRATION NUMBER (Car)	REGISTRATION NUMBER (Car)
V.I. Number (Car)	V.I. Number (Car)
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)

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 due shown above is paid on or prior to the effective date of cancellation.


OTHER:

You are hereby notified that the designated Massachusetts Automobile Insurance Policy, 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 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 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 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 the 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 the 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)

211 Main Street
Webster, Massachusetts 01570

**STATUTORY NOTICE OF CANCELLATION OF THE
MASSACHUSETTS MOTOR VEHICLE LIABILITY
POLICY
(CANCELLATION OF ENTIRE POLICY)
(THIS NOTICE ALSO COVERS NON-COMPULSORY
COVERAGES)
PERSONAL**

Date of this Notice:

(NAME AND ADDRESS OF INSURED)

REGISTRATION NUMBER (Car)	REGISTRATION NUMBER (Car)
V.I. Number (Car)	V.I. Number (Car)
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)

NONPAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.
AMOUNT DUE: \$ _____

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

OTHER:

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 the 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.

By David Hartley
Authorized
Representative

IMPORTANT NOTICE: Read carefully the information below which states your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION FOR MOTOR VEHICLE REGISTRANTS CONCERNING STATUTORY INSURANCE

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles **must**, on the effective date of the 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, Division of Insurance, One South Station, Boston, Massachusetts 02110, on a printed form prescribed 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 or 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, Division of Insurance, One South Station, Boston, Massachusetts 02110, 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 certificate of registration will again be issued to you.