

NAME AND ADDRESS OF INSURANCE COMPANY ELECTRIC INSURANCE COMPANY 75 Sam Fonzo Drive, Beverly, MA 01915	NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY	
	REGISTRATION NUMBER (Car 1)	REGISTRATION NUMBER (Car 2)
DATE OF THIS NOTICE:	V.I. NUMBER (Car 1)	V.I. NUMBER (Car 2)
NAME AND ADDRESS OF INSURED	REGISTRATION NUMBER (Car 3)	REGISTRATION NUMBER (Car 4)
	V.I. NUMBER (Car 3)	V.I. NUMBER (Car 4)
	EFFECTIVE DATE OF CANCELLATION:	

POLICY NUMBER:
AMOUNT OF PREMIUM DUE:

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):

NON-PAYMENT OF INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the designated Massachusetts Automobile Insurance Policy, issued to you by the above company is hereby cancelled in accordance with its terms at 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 to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws 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.

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.

By *Peter Parisian*
Authorized Representative

IMPORTANT NOTICE TO POLICYHOLDERS: 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.

INSURED'S COPY

LIENHOLDER:

AGENT:

Detach and Mail This Portion ▼

IMPORTANT! - PLEASE DETACH AND RETURN THIS SLIP WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED. WE MUST RECEIVE PAYMENT IN THE AMOUNT OF PRIOR TO THE EFFECTIVE DATE OF CANCELLATION.	
NAMED INSURED	POLICY NUMBER:
	UNPAID PREMIUM DUE:
	CANCELLATION WILL TAKE EFFECT ON: AT 12:01 A.M. STANDARD TIME

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.