

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailingadd]

Policy Number: [number]
Company: [cmpny]

Dear [salutation]:

Your financial institution has not honored the payment that you recently submitted to [issue] your Automobile policy. All payments are subject to normal collection.

Since your payment was not honored, there was no consideration (valid payment) and the requirements under which your insurance policy was [issued] were not satisfied.

Accordingly, you are hereby notified:

WE HEREBY DECLARE THE ABOVE CAPTIONED POLICY NULL AND VOID, AND OF NO EFFECT AS OF ITS INCEPTION DATE. NO INSURANCE COVERAGE IS NOW IN EFFECT, NOR HAS IT EVER BEEN IN EFFECT.

Any subsequent payment which you may have submitted, prior to or after this letter, will be refunded.

Sincerely,

[uwname]
Underwriting Department

[encl]

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailingadd]

Policy Number: [number]
Company: [cmpny]

Dear [salutation]:

Your financial institution has not honored the payment that you recently submitted to ~~[issue]~~ your Automobile ~~policy~~. All payments are subject to normal collection.

Deleted: purchase

Deleted:

Deleted: Insurance P

Since your payment was not honored, there was no consideration (valid payment) and the requirements under which your insurance policy was ~~issued~~ were not satisfied.

Deleted: issued

Accordingly, you are hereby notified:

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Sincerely,

[uwname]
Underwriting Department

[encl]

Deleted: 05-13

GOVERNMENT EMPLOYEES INSURANCE COMPANY
GEICO GENERAL INSURANCE COMPANY

AUTOMOBILE

MASSACHUSETTS - CHANGE SHEET

FORMS SECTION

The following revised form is to be placed on file:

Revised Form:

VUND62MA (12-13)

Withdrawn Form:

VUND62MA (05-13)

File # 2014-006C

Effective 04/21/2014

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailingadd]

Policy Number: [number]
Company: [cmpny]

Dear [salutation]:

Your financial institution has not honored the payment that you recently submitted to issue your Automobile policy. All payments are subject to normal collection.

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Sincerely,

[uwname]
Underwriting Department

[encl]

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailingadd]

Policy Number: [number]
Company: [cmpny]

Dear [salutation]:

Your financial institution has not honored the payment that you recently submitted to ~~[~~
~~issue]~~ your Automobile ~~p~~olicy. All payments are subject to normal collection.

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Deleted: Insurance P

Since your payment was not honored, there was no consideration (valid payment) and
the requirements under which your insurance policy was ~~[issued]~~, were not satisfied.

Deleted: issued

Accordingly, you are hereby notified:

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OF NO EFFECT AS OF ITS INCEPTION DATE. NO INSURANCE COVERAGE IS
NOW IN EFFECT, NOR HAS IT EVER BEEN IN EFFECT.**

Any subsequent payment which you may have submitted, prior to or after this letter, will
be refunded.

Sincerely,

[uwname]
Underwriting Department

[encl]

Deleted: 05

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailingadd]

Policy Number: [number]
Company: [cmpny]

Dear [salutation]:

Your financial institution has not honored the payment that you recently submitted to reissue your Automobile policy. All payments are subject to normal collection.

Since your payment was not honored, there was no consideration (valid payment) and the requirements under which your insurance policy was issued were not satisfied.

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WE HEREBY DECLARE THE ABOVE CAPTIONED POLICY NULL AND VOID, AND OF NO EFFECT AS OF ITS INCEPTION DATE. NO INSURANCE COVERAGE IS NOW IN EFFECT, NOR HAS IT EVER BEEN IN EFFECT.

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Sincerely,

[uwname]
Underwriting Department

[encl]

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailingadd]

Policy Number: [number]
Company: [cmpny]

Dear [salutation]:

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Sincerely,

[uwname]
Underwriting Department

[encl]



■ Government Employees Insurance Company

Regional Office:

One GEICO Center Macon, GA 31295-0001

POST OFFICE RECEIPT SECURED

Policy Number:
Company: GEICO Indemnity Company

Dear _____ :

Your financial institution has not honored the payment that you recently submitted to [\[issue/reissue\]](#) your [\[Automobile/Motorcycle\]](#) insurance [policy](#). All payments are subject to normal collection.

Deleted: purchase

Deleted: I

Deleted: P

Since your payment was not honored, there was no consideration (valid payment) and the requirements under which your insurance policy was [\[issued/reissued\]](#) were not satisfied.

Accordingly, you are hereby notified:

WE HEREBY DECLARE THE ABOVE CAPTIONED POLICY NULL AND VOID, AND OF NO EFFECT AS OF ITS INCEPTION DATE. NO INSURANCE COVERAGE IS NOW IN EFFECT, NOR HAS IT EVER BEEN IN EFFECT.

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Sincerely,

Underwriting Department

Deleted: 05-13

VUND62MA [\(12-13\)](#)