

[fullname]
[mailing add]

CANCELLATION NOTICE

[YR MK MODEL]
VIN: [VIN]

Policy Number: [number]

Dear [salutation]:

We would like to thank you for choosing GEICO for your insurance needs. After a careful review of your policy records, we have determined that we are unable to continue your insurance coverage for the [YR MK MODEL].

We have taken this action for the following reason(s):

{Text to be sent with Reconsideration Statement}

Therefore, we must notify you as follows:

ALL COVERAGE ON THE [YR MK MODEL] PROVIDED BY [CURRENT COMPANY], UNDER THE ABOVE POLICY NUMBER, WILL CANCEL AS OF 12:01 A.M. ON [EXPIRE].

We are able to continue coverage on the remaining vehicle(s) on your policy.

Your updated policy documents will follow shortly. We regret that circumstances require this action.

{Text to be sent when no Reconsideration Statement}

Therefore, we must notify you as follows:

ALL COVERAGE ON THE [YR MK MODEL] PROVIDED BY [CURRENT COMPANY], UNDER THE ABOVE POLICY NUMBER, WILL CANCEL AS OF 12:01 A.M. ON [EXPIRE].

We are able to continue coverage on the remaining vehicle(s) on your policy.

Your updated policy documents will follow shortly. We regret that circumstances require this action and urge you to obtain other coverage on the [YR MK MODEL] prior to [expire].

If you have any questions, please do not hesitate to contact us at the number below.

Sincerely,

[uw name]

[encl]

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.

[fullname]
[mailing add]

Policy Number: [number]

{Text to be sent with Non Renew Actions Only}
NON-RENEWAL NOTICE

{Text to be sent with Cause Cancel Actions Only}
CANCELLATION NOTICE

Dear [salutation]:

We would like to thank you for choosing GEICO for your insurance needs. After a careful review of your policy records, we have determined that we are unable to continue your insurance coverage with [current company].

We have taken this action for the following reason(s):

Therefore, we must notify you as follows:

THE INSURANCE COVERAGE PROVIDED BY [CURRENT COMPANY] UNDER THE ABOVE POLICY NUMBER, WILL TERMINATE AT 12:01 A.M. ON [EXPIRE/CANCELLATION DATE].

{Optional text to be sent when refund is due}

We regret that circumstances require this action and urge you to obtain other insurance prior to the termination date listed above. Any refund due to you will be sent in the form of a check or electronically returned to your credit card or bank account as quickly as possible.

{Optional text to be sent without refund}

We regret that circumstances require this action and urge you to obtain other insurance prior to the termination date listed above.

If you have any questions, please contact us at the number below.

Sincerely,

[uw name]

[encl]

{Text to be sent with Cause Cancel Actions Only}

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

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{Text to be sent with Non Renew Actions Only}

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 execute a motor vehicle liability bond as surety.

[fullname]
[mailing add]

Policy Number: [number]

{Text to be sent with Non Renew Actions Only}

NON-RENEWAL NOTICE

{Text to be sent with Cause Cancel Actions Only}

CANCELLATION NOTICE

Dear [salutation]:

We would like to thank you for choosing GEICO for your insurance needs. After a careful review of your policy records, we have determined that we are unable to continue your insurance coverage with [current company].

We have taken this action for the following reason(s):

[Reconsideration Offer placement]

{Text to be sent with Reconsideration Offer}

If you decline the offer(s) outlined above, we urge you to obtain other insurance prior to [expire/cancellation date], and we must notify you as follows:

THE INSURANCE COVERAGE PROVIDED BY [CURRENT COMPANY] UNDER THE ABOVE POLICY NUMBER, WILL TERMINATE AT 12:01 A.M. ON [EXPIRE/CANCELLATION DATE].

We regret that circumstances require this action. Any refund due to you will be sent in the form of a check or electronically returned to your credit card or bank account as quickly as possible.

If you have any questions, please contact us at the number below.

Sincerely,

[uw name]

[encl]

{Text to be sent with Cause Cancel Actions Only}

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

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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.

{Text to be sent with Non Renew Actions Only}

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 execute a motor vehicle liability bond as surety.

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailing add]

Policy Number: [number]

Dear [salutation]:

As a result of a recent review of your policy records, we wanted to let you know that the following coverage deductible adjustments will be made for [the [yr mk mdl VIN]/all vehicles] insured under this policy effective 12:01 a.m. on [effective date]:

[Previous: [Coverage & Deductible] New: [Coverage & Deductible]]

We are taking this action for the following reason(s):

Please rest assured that all other coverage will remain unchanged. Your new premium is \$[premium] and updated policy documents will arrive shortly.

Thank you for insuring with GEICO. We look forward to serving your insurance needs for many years to come.

Sincerely,

[uw name]

[encl]

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailing add]

Policy Number: [number]

Dear [salutation]:

As a result of a recent review of your policy records, we wanted to let you know that the following liability coverage adjustments will be made for [the [yr mk model VIN]/all vehicles] insured under this policy effective 12:01 a.m. on [effective date]:

[Previous [Coverage] limit: [Coverage Limit] New [Coverage] limit: [Coverage Limit]

We are taking this action for the following reason(s):

Please rest assured that all other coverage will remain unchanged. Your new premium is \$[premium] and updated policy documents will arrive shortly.

Thank you for insuring with GEICO. We look forward to serving your insurance needs for many years to come.

Sincerely,

[uw name]

[encl]

[fullname]
[mailing add]

Policy Number: [number]

Dear [salutation]:

We are writing to inform you that we are unable to continue [coverage(s)] coverage on [all vehicles on your policy/your [yr make model VIN]]. Please rest assured that all other coverage will remain unchanged, and the following notice applies only to the coverage(s) listed:

{Text to be sent with termination of policy coverage}

PLEASE TAKE NOTICE THAT THE [COVERAGE(S)] COVERAGE UNDER THE ABOVE POLICY NUMBER WILL TERMINATE AS OF 12:01 A.M. ON [effective date].

{Text to be sent with termination of vehicle coverage}

PLEASE TAKE NOTICE THAT THE [COVERAGE(S)] COVERAGE FOR THE VEHICLE(S) LISTED ABOVE WILL TERMINATE AS OF 12:01 A.M. ON [effective date].

We are removing [coverage(s)] as a result of the following:

Your new premium is \$[premium] and updated policy documents will arrive shortly.

We regret that circumstances require this action. Thank you for insuring with GEICO.

Sincerely,

[uw name]

[encl]

[fullname]
[mailing add]

NON-RENEWAL NOTICE

[YR MK MODEL]
VIN: [VIN]

Policy Number: [number]

Dear [salutation]:

We would like to thank you for choosing GEICO for your insurance needs. After a careful review of your policy records, we have determined that we are unable to continue your insurance coverage for the [YR MK MODEL].

We have taken this action for the following reason(s):

{Text to be sent with Reconsideration Statement}

Therefore, we must notify you as follows:

ALL COVERAGE ON THE [YR MK MODEL] PROVIDED BY [CURRENT COMPANY], UNDER THE ABOVE POLICY NUMBER, WILL NON-RENEW AS OF 12:01 A.M. ON [EXPIRE].

We are able to continue coverage on the remaining vehicle(s) on your policy.

Your updated policy documents will follow shortly. We regret that circumstances require this action.

{Text to be sent when no Reconsideration Statement}

Therefore, we must notify you as follows:

ALL COVERAGE ON THE [YR MK MODEL] PROVIDED BY [CURRENT COMPANY], UNDER THE ABOVE POLICY NUMBER, WILL NON-RENEW AS OF 12:01 A.M. ON [EXPIRE].

We are able to continue coverage on the remaining vehicle(s) on your policy.

Your updated policy documents will follow shortly. We regret that circumstances require this action and urge you to obtain other coverage on the [YR MK MODEL] prior to [expire].

If you have any questions, please do not hesitate to contact us at the number below.

Sincerely,

[uw name]

[encl]

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 execute a motor vehicle liability bond as surety.

[fullname]
[mailing add]

Policy Number: [number]

NON-RENEWAL NOTICE

To the Estate of [Deceased Driver Name]:

We would like to express our deepest condolences on the passing of [Deceased Driver Name]. We understand that this can be a very difficult time.

In the event of the insured's death, the [State] [contract type] Policy provides coverage for the period of this policy for the following:

- The spouse, if a resident of the insured's household at the time of insured's death.
- Any legal representative of the estate to the extent he or she is responsible for the maintenance or use of the owned vehicle(s).
- Any person having proper temporary custody of the owned vehicle(s).

As a result of the policy terms, we must notify you as follows:

ALL COVERAGE PROVIDED BY [CURRENT COMPANY], UNDER THE ABOVE POLICY NUMBER, WILL TERMINATE AT 12:01 A.M. ON [EXPIRE].

We may be able to offer insurance to the new owner(s) of the vehicle(s). Simply contact our Sales Department at [sales phone] for more information.

Please accept our condolences.

Sincerely,

[uw name]

[encl]

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 execute a motor vehicle liability bond as surety.

POST OFFICE RECEIPT SECURED
[maildate]

[fullname]
[mailing add]

**NOTICE OF TERMINATION
[LIENHOLDER/ADDITIONAL INSURED/INTERESTED PARTY/LIENHOLDER AND ADDITIONAL
INSURED]**

{Not used with Interested Party Letters}
[PHYSICAL DAMAGE/LIABILITY/PHYSICAL DAMAGE AND LIABILITY] INSURANCE

Policyholder: [Policyholder Name]
Policy Number: [number]
Vehicle: [Year Make Model]
Serial Number: [VIN]

This policy no longer protects your interest as [lienholder/additional insured/interested party/lienholder and additional insured].

In compliance with the agreement with our policyholder, please take notice that the policy shall continue in force until 12:01 a.m. on [expire].

Sincerely,

[uw name]

[fullname]
[mailing add]

Policy Number: [number]

{Text to be sent with Non Renew Actions Only}

NON-RENEWAL NOTICE

{Text to be sent with Cause Cancel Actions Only}

CANCELLATION NOTICE

Dear [salutation]:

We would like to thank you for choosing GEICO for your insurance needs. After a careful review of your policy records, we have determined that we are unable to continue your insurance coverage with [current company].

We have taken this action for the following reason(s):

[Reconsideration Offer placement]

{Text to be sent with Reconsideration Offer}

If you decline the offer(s) outlined above, we urge you to obtain other insurance prior to [expire/cancellation date], and we must notify you as follows:

THE INSURANCE COVERAGE PROVIDED BY [CURRENT COMPANY] UNDER THE ABOVE POLICY NUMBER, WILL TERMINATE AT 12:01 A.M. ON [EXPIRE/CANCELLATION DATE].

We regret that circumstances require this action. Any refund due to you will be sent in the form of a check or electronically returned to your credit card or bank account as quickly as possible.

If you have any questions, please contact us at the number below.

Sincerely,

[uw name]

[encl]

{Text to be sent with Cause Cancel Actions Only}

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.

{Text to be sent with Non Renew Actions Only}

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.

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This notice shall not be deemed a refusal under M.G.L. c. 175, § 113D to issue a motor vehicle liability policy or execute a motor vehicle liability bond as surety.

[fullname]
[mailing add]

Policy Number: [number]

NON-RENEWAL NOTICE

To the Estate of [Deceased Driver Name]:

We would like to express our deepest condolences on the passing of [Deceased Driver Name]. We understand that this can be a very difficult time.

In the event of the insured's death, the [State] [contract type] Policy provides coverage [for the period of this policy](#) for the following ~~during the remaining term of the policy (unless the estate is settled and/or the motor vehicle(s) are sold before the end of the policy term):~~

- ~~• The executor or administrator of the estate but only while operating an owned vehicle(s) and while acting within the scope of his/her duties.~~
- ~~• Any person having proper temporary custody of and operating the owned vehicle(s) as an insured, until the appointment and qualification of the executor or administrator of the estate.~~
- [The spouse, if a resident of the insured's household at the time of insured's death.](#)
- [Any legal representative of the estate to the extent he or she is responsible for the maintenance or use of the owned vehicle\(s\).](#)
- [Any person having proper temporary custody of the owned vehicle\(s\).](#)

As a result of the policy terms, we must notify you as follows:

ALL COVERAGE PROVIDED BY [CURRENT COMPANY], UNDER THE ABOVE POLICY NUMBER, WILL TERMINATE AT 12:01 A.M. ON [EXPIRE].

We may be able to offer insurance to the new owner(s) of the vehicle(s). Simply contact our Sales Department at [sales phone] for more information.

Please accept our condolences.

Sincerely,

[uw name]

[encl]

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.

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[fullname]
[mailing add]

Policy Number: [number]

{Text to be sent with Non Renew Actions Only}

NON-RENEWAL NOTICE

{Text to be sent with Cause Cancel Actions Only}

CANCELLATION NOTICE

Dear [salutation]:

We would like to thank you for choosing GEICO for your insurance needs. After a careful review of your policy records, we have determined that we are unable to continue your insurance coverage with [current company].

We have taken this action for the following reason(s):

THE INSURANCE COVERAGE PROVIDED BY [CURRENT COMPANY] UNDER THE ABOVE POLICY NUMBER, WILL TERMINATE AT 12:01 A.M. ON [EXPIRE/CANCELLATION DATE].

We regret that circumstances require this action. Any refund due to you will be sent in the form of a check or electronically returned to your credit card or bank account as quickly as possible.

If you have any questions, please contact us at the number below.

Sincerely,

[uw name]

[encl]

{Text to be sent with Cause Cancel Actions Only}

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.

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{Text to be sent with Non Renew Actions Only}

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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.

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[fullname]
[mailing add]

Policy Number: [number]

NON-RENEWAL NOTICE

To the Estate of [Deceased Driver Name]:

We would like to express our deepest condolences on the passing of [Deceased Driver Name]. We understand that this can be a very difficult time.

In the event of the insured's death, the [State] [contract type] Policy provides coverage for the following during the remaining term of the policy (unless the estate is settled and/or the motor vehicle(s) are sold before the end of the policy term):

- The executor or administrator of the estate but only while operating an owned vehicle(s) and while acting within the scope of his/her duties.
- Any person having proper temporary custody of and operating the owned vehicle(s) as an insured, until the appointment and qualification of the executor or administrator of the estate.

As a result of the policy terms, we must notify you as follows:

ALL COVERAGE PROVIDED BY [CURRENT COMPANY], UNDER THE ABOVE POLICY NUMBER, WILL TERMINATE AT 12:01 A.M. ON [EXPIRE].

We may be able to offer insurance to the new owner(s) of the vehicle(s). Simply contact our Sales Department at [sales phone] for more information.

Please accept our condolences.

Sincerely,

[uw name]

[encl]

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 execute a motor vehicle liability bond as surety.