

[\[Company Name\]](#)

POST OFFICE RECEIPT SECURED  
[maildate]

[fullname]  
[mailing add]

Policy Number: [number]

Dear [salutation]:

After carefully reviewing your policy, we have determined that we are unable to offer you an insurance policy at this time and must cancel this policy for misrepresentation due to the following reason(s):

[reason(s)]

Due to the [material misrepresentation/undisclosed information], we must notify you as follows:

THE INSURANCE PROVIDED UNDER THE POLICY OR POLICIES AS NUMBERED ABOVE IS  
HEREBY **DECLARED NULL AND VOID AND OF NO EFFECT AS OF ITS INCEPTION ON  
[EFFECTIVE DATE].**

Any refund due to you will be sent in the form of a check or electronically returned to your credit card or bank account within 15 days.

We urge you to obtain other insurance immediately. If you have any questions, please do not hesitate to contact us at the number below.

Sincerely,

[uw name]

[encl]

[Company Name]

Policy No: [number]  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

### Business Use Questionnaire

Please answer all questions below

1. Description of vehicle (year and make):	1a. Registered owner: 1b. If the registered owner is a business, what is the Tax ID Number: 1c. Provide the business address, including the zip code:
2. Is the vehicle driven for business by anyone other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state name, relationship and age. Name: _____ Relationship to you: _____ Date of birth: _____ Age: _____ License No.: _____ Licensed less than 6 years in current state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide prior experience (state), including Canada State of issuance: _____ Original license date _____	
3. Describe how the vehicle is used for business (service, deliveries, count, hospital visits, etc.).	
4. a. Are you reimbursed by your employer for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you claim a tax deduction for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Does your employer need to be listed as an additional interest on your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Employer: _____	Normal working hours? _____ Days per week driven to work? _____ Daily one way distance to work? _____
5. a. If passengers are carried, please explain who they are, number and frequency. (Excluding commuting to work, pleasure usage, etc.) b. Is the vehicle used for a Transportation Network Company (TNC) i.e. Uber, UberX, Lyft, Sidecar? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Average mileage for business use (If it varies from week to week give best average). Daily: _____ Weekly: _____ Annual: _____	
7. Is your vehicle a: (please select one) Pick up _____ Utility vehicle _____ Van _____ Private passenger _____ If Pick up; please provide Gross Vehicle Weight _____ Number of cylinders _____ Number of rear axles _____	
8. Are there any commercial or retail advertising/signs (including magnetic/removeable signs) on the vehicle? If yes, describe what type: _____	
9. Describe merchandise, samples, equipment, instruments, materials, etc., carried.	

10. If deliveries are made, please state what is delivered and how many stops per day.													
11. Percent used for business:													
12. Is the vehicle customized or modified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please, list items that would not be considered standard options, possibly after market, and their value, e.g. stereo, toolbox, winch, custom paint, etc.													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Item</th> <th style="text-align: right; border-bottom: 1px solid black;">Value</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> </tbody> </table>	Item	Value		\$ _____		\$ _____		\$ _____		\$ _____		\$ _____	Date:
Item	Value												
	\$ _____												
	\$ _____												
	\$ _____												
	\$ _____												
	\$ _____												
Your Signature:													

**Please Remember to Include your Policy Number Whenever you Contact us – It’s the Key to Fast and Accurate Service.**

M-1 MA (07-15)



[Company Name]



Policy No:

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Business Use Questionnaire

Please answer all questions below

1. Description of vehicle (year and make):	1a. Registered owner: 1b. If the registered owner is a business, what is the Tax ID Number: 1c. Provide the business address including the zip code:
2. Is the vehicle driven for business by anyone other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state name, relationship and age. Name: _____ Relationship to you: _____ Date of birth: _____ Age: _____ License No.: _____ Licensed less than 6 years in current state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide prior experience (state) including Canada State of issuance: _____ Original license date: _____	
3. Describe how the vehicle is used for business (service, deliveries, court, hospital visits, etc.)	
4. a. Are you reimbursed by your employer for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you claim a tax deduction for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Does your employer need to be listed as an additional interest on your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of employer: _____	Normal working hours? _____ Days per week driven to work? _____ Daily one way distance to work? _____
5. <a href="#">a.</a> If passengers are carried, please explain who they are, number and frequency. (Excluding commuting to work, pleasure usage, etc.) <a href="#">b.</a> <a href="#">Is the vehicle used for a Transportation Network Company (TNC) i.e. Uber, UberX, Lyft, Sidecar?</a> <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Average mileage for business use (If it varies from week to week give best average). Daily: _____ Weekly: _____ Annual: _____	
7. Is your vehicle a: (please select one) Pick Up _____ Utility Vehicle _____ Van _____ Private _____ Passenger _____ If Pick Up; please provide Gross Vehicle Weight _____ Number of cylinders _____ Number of rear axles _____	
8. Are there any commercial or retail advertising/signs (including magnetic/removable signs) on the vehicle? If yes, describe what type: _____	
9. Describe merchandise, samples, equipment, instruments, materials, etc., carried.	

10. If deliveries are made, please state what is delivered and how many stops per day.

11. Percent used for business:

12. Is vehicle customized or modified?

Yes     No    If yes, please list items that would not be considered standard options, possibly after market, and their value e.g. stereo, toolbox, winch, custom paint, etc.

Item:	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Remember to Include your Policy Number Whenever you Contact us – It's the Key to Fast and Accurate Service.**

GOVERNMENT EMPLOYEES INSURANCE COMPANY  
GEICO GENERAL INSURANCE COMPANY

AUTOMOBILE

MASSACHUSETTS - CHANGE SHEET

**FORMS SECTION**

The following new and revised forms are to be placed on file:

**New Form:**

NullVoidMsRp (12-14) – Null and Void - Misrepresentation

**Revised Form:**

M-1-MA (07-15) – Business Use Questionnaire

**Withdrawn Form:**

M-1-MA (05-09)

Policy No:

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_



### Business Use Questionnaire

Please answer all questions below

1. Description of vehicle (year and make):	1a. Registered owner: 1b. If the registered owner is a business, what is the Tax ID Number: 1c. Provide the business address including the zip code:
2. Is the vehicle driven for business by anyone other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state name, relationship and age. Name: _____ Relationship to you: _____ Date of birth: _____ Age: _____ License No.: _____ Licensed less than 6 years in current state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide prior experience (state) including Canada State of issuance: _____ Original license date: _____	
3. Describe how the vehicle is used for business (service, deliveries, court, hospital visits, etc.)	
4. a. Are you reimbursed by your employer for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you claim a tax deduction for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Does your employer need to be listed as an additional interest on your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of employer: _____	Normal working hours? _____ Days per week driven to work? _____ Daily one way distance to work? _____
5. <a href="#">a.</a> If passengers are carried, please explain who they are, number and frequency. (Excluding commuting to work, pleasure usage, etc.) <a href="#">b. Is the vehicle used for a Transportation Network Company (TNC) i.e. Uber, UberX, Lyft, Sidecar?</a> <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Average mileage for business use (If it varies from week to week give best average). Daily: _____ Weekly: _____ Annual: _____	
7. Is your vehicle a: (please select one) Pick Up _____ Utility Vehicle _____ Van _____ Private _____ Passenger _____ If Pick Up; please provide Gross Vehicle Weight _____ _____ Number of cylinders _____ Number of rear axles _____	
8. Are there any commercial or retail advertising/signs (including magnetic/removable signs) on the vehicle? If yes, describe what type: _____	
9. Describe merchandise, samples, equipment, instruments, materials, etc., carried.	

10. If deliveries are made, please state what is delivered and how many stops per day.

11. Percent used for business:

12. Is vehicle customized or modified?

Yes     No    If yes, please list items that would not be considered standard options, possibly after market, and their value e.g. stereo, toolbox, winch, custom paint, etc.

Item:	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Remember to Include your Policy Number Whenever you Contact us – It's the Key to Fast and Accurate Service.**



POST OFFICE RECEIPT SECURED  
[maildate]

[fullname]  
[mailing add]

Policy Number: [number]

Dear [salutation]:

After carefully reviewing your policy, we have determined that we are unable to offer you an insurance policy at this time and must cancel this policy for misrepresentation due to the following reason(s):

[reason(s)]

Due to the [material misrepresentation/undisclosed information], we must notify you as follows:

THE INSURANCE PROVIDED UNDER THE POLICY OR POLICIES AS NUMBERED ABOVE IS  
HEREBY **DECLARED NULL AND VOID AND OF NO EFFECT AS OF ITS INCEPTION ON  
[EFFECTIVE DATE].**

Any refund due to you will be sent in the form of a check or electronically returned to your credit card or bank account within 15 days.

We urge you to obtain other insurance immediately. If you have any questions, please do not hesitate to contact us at the number below.

Sincerely,

[uw name]

[encl]