



# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## CANCELLATION NOTICE

Refer billing, policy, or coverage questions to:

MAIL TO:

( )  
( )

( )  
( )

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i>                 | <i>Payment Plan</i> | <i>Policy Type</i>  |
|----------------------|-------------------------|--------------------------------------|---------------------|---------------------|
| ( )                  | ( )                     | ( ) to ( )<br>12:01 AM standard Time | ( )                 | Personal Automobile |

**Cancellation Effective Date:** ( ) at 12:01 A.M. Standard Time

**Cancellation Reason:** See Following Page(s) For Reason

| <b>Vehicle</b> | <b>Registration</b> | <b>VIN</b> | <b>Vehicle</b> | <b>Registration</b> | <b>VIN</b> |
|----------------|---------------------|------------|----------------|---------------------|------------|
| ( )            | ( )                 | ( )        | ( )            | ( )                 | ( )        |
| ( )            | ( )                 | ( )        | ( )            | ( )                 | ( )        |

By virtue of this notice this policy will be cancelled and all liability of the company will cease at and from the time and date stated above without further notice. Premium adjustment and return premium (if applicable) will be processed within 30 days after the cancellation becomes effective. Payment or tender of premium is not a condition of cancellation.

**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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467.

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.

[ ]

BY: \_\_\_\_\_  
AUTHORIZED SIGNATURE/ [ ]

**The following will also be notified:**

( )

**CANCELLATION NOTICE (continued)**

**Refer billing, policy, or coverage questions to:**

**MAIL TO:**

( )  
( )  
( )  
( )

( )  
( )  
( )  
( )

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i>                 | <i>Payment Plan</i> | <i>Policy Type</i>  |
|----------------------|-------------------------|--------------------------------------|---------------------|---------------------|
| ( )                  | ( )                     | ( ) to ( )<br>12:01 AM standard Time | ( )                 | Personal Automobile |

**Cancellation Effective Date:** ( ) at 12:01 A.M. Standard Time

**Cancellation Reason:** ( )



**NON-RENEWAL NOTICE (continued)**

**Refer billing, policy, or coverage questions to:**

**MAIL TO:**

( )  
( )  
( )  
( )

( )  
( )  
( )  
( )

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i>                 | <i>Payment Plan</i> | <i>Policy Type</i>  |
|----------------------|-------------------------|--------------------------------------|---------------------|---------------------|
| ( )                  | ( )                     | ( ) to ( )<br>12:01 AM standard Time | ( )                 | Personal Automobile |

**Non-Renewal Effective Date:** ( ) at 12:01 A.M. Standard Time

**Non-Renewal Reason:** ( )



# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## CANCELLATION NOTICE

Refer billing, policy or coverage questions to:

MAIL TO:

Online Access: (#####)  
(Policy#) (Agent#)

(Agency Name)  
(Agency Street Address)  
(Agency City, State & Zip)  
(Agency Phone)

(Named Insured)  
(Named Insured Address)  
(Named Insured City, State & Zip)

|                                 |                                    |                            |   |
|---------------------------------|------------------------------------|----------------------------|---|
| <b>Policy Number</b><br>(#####) | <b>Notice Issued on</b><br>(#####) | <b>Payment Plan</b><br>( ) | <b>Policy Type</b><br>Personal Automobile |
|---------------------------------|------------------------------------|----------------------------|---|

|  |          |
|--|----------|
| Prior Unpaid Balance   | (\$#.##) |
| <b>Pay this total in full</b>  | (\$#.##) |
| We accept VISA, MasterCard, Discover or pay by ATM Debit Card or 1-time EFT withdrawal. Keep your policy active and pay the total amount due. To make payment electronically call 1.800.584.1223 or go to <a href="http://www.concordgroupinsurance.com">www.concordgroupinsurance.com</a> There will be a \$25.00 fee for insufficient funds. |          |

**Cancellation Effective Date (#####) at 12:01 AM**

Such action is occasioned by reason of : NON-PAYMENT OF PREMIUM

In accordance with policy conditions, by virtue of this notice and without further notice, the protection afforded under the above numbered policy will be cancelled and all liability of the company will cease at the time and date stated above. If any portion of the coverage afforded therein is replaced by another insurer prior to the effective date of the cancellation, the coverage replaced terminates at the time and date of the replacement.

The premium due will be accepted until the effective date and time of the cancellation referred to above. Please make payment using the envelope provided and the bottom portion of this notice.

If the payment is received and accepted by the company **PRIOR** to the effective date on this notice and then is subsequently returned for insufficient funds, the above mentioned policy will be cancelled effective the date and the time presented on this cancellation notice, even if a Rescind Notice is generated. Any unearned premium will be returned to the named insured listed on the policy within 30 days of the cancellation effective date.

If the payment is received **AFTER** the effective date on this notice it may not be accepted as payment by the company, even if the payment is cashed by the company. Any unearned premium will be returned to the named insured listed on the policy within 30 days from the day the payment was received.

BY:   
\_\_\_\_\_  
AUTHORIZED SIGNATURE/ ( )

**IMPORTANT STATE REGULATIONS ON REVERSE SIDE**

Detach at perforation. Keep the top section for your records and return the bottom with your payment.

**DO NOT SEND CASH. Please write the policy number on your check and make it payable to CONCORD GROUP INSURANCE.**

|                                 |   |   |                          |                              |
|---------------------------------|---|---|--------------------------|------------------------------|
| <b>Policy Number</b><br>(#####) | <b>Policy Type</b><br>Personal Automobile | <b>Cancellation Effective Date</b><br>(#####) | <b>Due by</b><br>(#####) | <b>Total Due</b><br>(\$#.##) |
|---------------------------------|---|---|--------------------------|------------------------------|

**POLICY HOLDER:**

(Named Insured)  
(Named Insured Address)  
(Named Insured City, State & Zip)

**AMOUNT ENCLOSED**

\$

(Agent: Agency Name Agent #)

Concord Group Insurance  
PO Box 2009  
Concord NH 03302-2009

Please advise your agent of any name or address corrections so the necessary changes can be made to your policy

Policyholder



## SPECIAL NOTICE OF YOUR RIGHTS AND REQUIREMENTS

### NEW HAMPSHIRE

As required by New Hampshire R.S.A. Chap 417-B (Property Policies) upon your written request, mailed or delivered to the Company not less than 10 days prior to the effective date of this cancellation or refusal to renew, the Company will supply to you within 5 days of the receipt of your request, a full explanation of the stated reason(s) why it has taken this action.

### MAINE

Hearing before Insurance Superintendent: If you wish to contest the reason(s) given for this cancellation, you may request a hearing before the Insurance Superintendent by writing to the Superintendent of Insurance, State House, Station 34, Augusta, ME 04333 within 45 days of receipt of this notice.

### MASSACHUSETTS

**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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467.

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.



# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## CANCELLATION NOTICE

Refer billing, policy, or coverage questions to:

MAIL TO:

Agency Name  
Agency Address  
( )  
( )

"Insured's Name"  
"Insured's Address"  
( )  
( )

|                                   |   |   |                                  |   |
|-----------------------------------|---|---|----------------------------------|---|
| <b>Policy Number</b><br>( ) ##### | <b>Notice Issued on</b><br>( ) MM/DD/YYYY | <b>Policy Period</b><br>MM/DD/YYYY ( ) to ( )<br>MM/DD/YYYY<br>12:01 AM standard Time | <b>Payment Plan</b><br>( ) 1-Pay | <b>Policy Type</b><br>Personal Automobile |
|-----------------------------------|---|---|----------------------------------|---|

**Cancellation Effective Date:** MM/DD/YYYY ( ) at 12:01 A.M. Standard Time

**Cancellation Reason:** See Following Page(s) For Reason ~~Named Insured Drivers License in suspended status~~

| Vehicle | Registration | VIN | Vehicle | Registration | VIN |
|---------|--------------|-----|---------|--------------|-----|
| ( )     | ( )          | ( ) | ( )     | ( )          | ( ) |
| ( )     | ( )          | ( ) | ( )     | ( )          | ( ) |

By virtue of this notice this policy will be cancelled and all liability of the company will cease at and from the time and date stated above without further notice. Premium adjustment and return premium (if applicable) will be processed within 30 days after the cancellation becomes effective. Payment or tender of premium is not a condition of cancellation.

**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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7779 94 or 877-563-4467.

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.

BY: ( )  
AUTHORIZED SIGNATURE/ [ ]

**The following will also be notified:**

( ) ~~Creditor name/address~~

**CANCELLATION NOTICE (continued)**

**Refer billing, policy, or coverage questions to:**

**MAIL TO:**

( )  
( )  
( )  
( )

( )  
( )  
( )  
( )

| <b><u>Policy Number</u></b> | <b><u>Notice Issued on</u></b> | <b><u>Policy Period</u></b>                 | <b><u>Payment Plan</u></b> | <b><u>Policy Type</u></b>  |
|-----------------------------|--------------------------------|---|----------------------------|----------------------------|
| ( )                         | ( )                            | ( ) to ( )<br><i>12:01 AM standard Time</i> | ( )                        | <u>Personal Automobile</u> |

**Cancellation Effective Date:** ( ) at 12:01 A.M. Standard Time

**Cancellation Reason:** ( )





# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## CANCELLATION NOTICE

Refer billing, policy or coverage questions to:

MAIL TO:

Online Access: (#####)

(Agency Name)  
(Agency Street Address)  
(Agency City, State & Zip)  
(Agency Phone)

"Insured's Name" (Named Insured)  
"Insured's Address" (Named Insured Address)  
(Named Insured City, State & Zip)

(Policy#) (Agent#)

|                                 |   |                            |   |
|---------------------------------|---|----------------------------|---|
| <b>Policy Number</b><br>(#####) | <b>Notice Issued on</b><br>(###/##/####) MM/DD/YYYY | <b>Payment Plan</b><br>[ ] | <b>Policy Type</b><br>Personal Automobile |
|---------------------------------|---|----------------------------|---|

|  |                  |
|--|------------------|
| Prior Unpaid Balance   | (\$###) \$XXX.XX |
| <b>Late Fee</b>  | \$20.00          |
| <b>Pay this total in full</b>  | (\$###) \$XXX.XX |
| We accept VISA, MasterCard, Discover or pay by ATM Debit Card or 1-time EFT withdrawal. Keep your policy active and pay the total amount due. To make payment electronically call 1.800.584.1223 or go to <a href="http://www.concordgroupinsurance.com">www.concordgroupinsurance.com</a> There will be a \$25.00 fee for insufficient funds. |                  |

**Cancellation Effective Date** (###/##/####) MM/DD/YYYY at 12:01 AM

Such action is occasioned by reason of : NON-PAYMENT OF PREMIUM

In accordance with policy conditions, by virtue of this notice and without further notice, the protection afforded under the above numbered policy will be cancelled and all liability of the company will cease at the time and date stated above. If any portion of the coverage afforded therein is replaced by another insurer prior to the effective date of the cancellation, the coverage replaced terminates at the time and date of the replacement.

~~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. Please make payment using the envelope provided and the bottom portion of this notice.~~

The premium due will be accepted until the effective date and time of the cancellation referred to above. Please make payment using the envelope provided and the bottom portion of this notice.

If the payment is received and accepted by the company **PRIOR** to the effective date on this notice and then is subsequently returned for insufficient funds, the above mentioned policy will be cancelled effective the date and the time presented on this cancellation notice, even if a Rescind Notice is generated. Any unearned premium will be returned to the named insured listed on the policy within 30 days of the cancellation effective date.

If the payment is received **AFTER** the effective date on this notice it may not be accepted as payment by the company, even if the payment is cashed by the company. Any unearned premium will be returned to the named insured listed on the policy within 30 days from the day the payment was received.

BY: [ ]  
AUTHORIZED SIGNATURE/ ( )

### IMPORTANT STATE REGULATIONS ON REVERSE SIDE

BY: \_\_\_\_\_  
AUTHORIZED SIGNATURE/ CARLA J. AVERSA

Detach at perforation. Keep the top section for your records and return the bottom with your payment.

**DO NOT SEND CASH. Please write the policy number on your check and make it payable to CONCORD GROUP INSURANCE.**

|                                 |   |  |  |                                      |
|---------------------------------|---|--|--|--------------------------------------|
| <b>Policy Number</b><br>(#####) | <b>Policy Type</b><br>Personal Automobile | <b>Cancellation Effective Date</b><br>(###/##/####) MM/DD/YYYY | <b>Due by</b><br>(###/##/####)<br>MM/DD/YYYY | <b>Total Due</b><br>(\$###) \$XXX.XX |
|---------------------------------|---|--|--|--------------------------------------|

POLICY HOLDER:

AMOUNT ENCLOSED

\$ [ ]

(Named Insured) Insured's Name  
(Named Insured Address) Insured's Address  
(Named Insured City, State & Zip)

(Agent: Agency Name Agent #)

Concord Group Insurance  
PO Box 2009  
Concord NH 03302-2009

Please advise your agent of any name or address corrections so the necessary changes can be made to your policy

Policyholder



## SPECIAL NOTICE OF YOUR RIGHTS AND REQUIREMENTS

### **ALL STATES**

~~Should you experience difficulty in obtaining automobile insurance, please contact your agent (or any agent) or broker for full particulars concerning your possible eligibility for insurance through the Automobile (Assigned Risk) Insurance Plan provided in your area.~~

### **NEW HAMPSHIRE**

As required by New Hampshire R.S.A. Chap 417 A & B , upon your written request, mailed or delivered to the Company not less than 10 days prior to the effective date of this cancellation or refusal to renew, the Company, will supply to you within 5 days of receipt of your request, a full explanation of the stated reason(s) why it has taken this action. You may request in writing within 10 days of receipt of the reason(s) for this cancellation or non-renewal that the Insurance Commissioner review this action taken by the Company. Such request should be directed to the Insurance Commissioner at 21 South. Fruit St., Suite 14, Concord, NH 03301.

As required by New Hampshire R.S.A. Chap 417-B (Property Policies) upon your written request, mailed or delivered to the Company not less than 10 days prior to the effective date of this cancellation or refusal to renew, the Company will supply to you within 5 days of the receipt of your request, a full explanation of the stated reason(s) why it has taken this action.

### **MAINE**

Hearing before Insurance Superintendent: If you wish to contest the reason(s) given for this cancellation, you may request a hearing before the Insurance Superintendent by writing to the Superintendent of Insurance, State House, Station 34, Augusta, ME 04333 within ~~30~~ 45 days of receipt of this notice.

### **MASSACHUSETTS**

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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 ~~77~~ or [877-563-4467](tel:877-563-4467).

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.



# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## NON-RENEWAL NOTICE

Refer billing, policy, or coverage questions to:

MAIL TO:

Agency Name  
Agency Address  
( )  
( )

"Insured's Name"  
"Insured's Address"  
( )  
( )

| Policy Number | Notice Issued on  | Policy Period   | Payment Plan | Policy Type         |
|---------------|-------------------|---|--------------|---------------------|
| ( ) #####     | ( )<br>MM/DD/YYYY | ( ) MM/DD/YYYY to<br>( ) MM/DD/YYYY<br>12:01 AM standard Time | ( ) 4-Pay    | Personal Automobile |

**Non-Renewal Effective Date:** MM/DD/YYYY at 12:01 A.M. Standard Time

**Non-Renewal Reason:** See Following Page(s) For Reason Named Insured Drivers License in suspended status

| Vehicle | Registration | VIN | Vehicle | Registration | VIN |
|---------|--------------|-----|---------|--------------|-----|
| ( )     | ( )          | ( ) | ( )     | ( )          | ( ) |
| ( )     | ( )          | ( ) | ( )     | ( )          | ( ) |

By virtue of this notice this policy will be non-renewed and all liability of the company will cease at and from the time and date stated above without further notice. Premium adjustment and return premium (if applicable) will be processed within 30 days after the non-renewal becomes effective. Payment or tender of premium is not a condition of non-renewal.

### 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 to execute a motor vehicle liability bond as surety.

BY: ( )  
AUTHORIZED SIGNATURE/  Michael P. Nolin, Jr.

**The following will also be notified:**

( ) Creditor name/address

**NON-RENEWAL NOTICE (continued)**

**Refer billing, policy, or coverage questions to:**

**MAIL TO:**

( )  
( )  
( )  
( )

( )  
( )  
( )  
( )

| <b><u>Policy Number</u></b> | <b><u>Notice Issued on</u></b> | <b><u>Policy Period</u></b>                 | <b><u>Payment Plan</u></b> | <b><u>Policy Type</u></b>  |
|-----------------------------|--------------------------------|---|----------------------------|----------------------------|
| ( )                         | ( )                            | ( ) to ( )<br><i>12:01 AM standard Time</i> | ( )                        | <u>Personal Automobile</u> |

**Non-Renewal Effective Date:** ( ) at 12:01 A.M. Standard Time

**Non-Renewal Reason:** ( )



**NON-RENEWAL NOTICE (continued)**

**Refer billing, policy, or coverage questions to:**

**MAIL TO:**

( )  
( )  
( )  
( )

( )  
( )  
( )  
( )

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i>                 | <i>Payment Plan</i> | <i>Policy Type</i>  |
|----------------------|-------------------------|--------------------------------------|---------------------|---------------------|
| ( )                  | ( )                     | ( ) to ( )<br>12:01 AM standard Time | ( )                 | Personal Automobile |

**Non-Renewal Effective Date:** ( ) at 12:01 A.M. Standard Time

**Non-Renewal Reason:** ( )



## SPECIAL NOTICE OF YOUR RIGHTS AND REQUIREMENTS

### NEW HAMPSHIRE

As required by New Hampshire R.S.A. Chap 417-B (Property Policies) upon your written request, mailed or delivered to the Company not less than 10 days prior to the effective date of this cancellation or refusal to renew, the Company will supply to you within 5 days of the receipt of your request, a full explanation of the stated reason(s) why it has taken this action.

### MAINE

Hearing before Insurance Superintendent: If you wish to contest the reason(s) given for this cancellation, you may request a hearing before the Insurance Superintendent by writing to the Superintendent of Insurance, State House, Station 34, Augusta, ME 04333 within 45 days of receipt of this notice.

### MASSACHUSETTS

**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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467.

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.





# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## NON-RENEWAL NOTICE

Refer billing, policy, or coverage questions to:

MAIL TO:

Agency Name  
Agency Address  
( )  
( )

"Insured's Name"  
"Insured's Address"  
( )  
( )

|                                   |  |   |                                  |   |
|-----------------------------------|--|---|----------------------------------|---|
| <b>Policy Number</b><br>( ) ##### | <b>Notice Issued on</b><br>( )<br>MM/DD/YYYY | <b>Policy Period</b><br>( ) MM/DD/YYYY to<br>( ) MM/DD/YYYY<br>12:01 AM standard Time | <b>Payment Plan</b><br>( ) 4-Pay | <b>Policy Type</b><br>Personal Automobile |
|-----------------------------------|--|---|----------------------------------|---|

**Non-Renewal Effective Date:** MM/DD/YYYY at 12:01 A.M. Standard Time

**Non-Renewal Reason:** See Following Page(s) For Reason

| Vehicle | Registration | VIN | Vehicle | Registration | VIN |
|---------|--------------|-----|---------|--------------|-----|
| ( )     | ( )          | ( ) | ( )     | ( )          | ( ) |
| ( )     | ( )          | ( ) | ( )     | ( )          | ( ) |

By virtue of this notice this policy will be non-renewed and all liability of the company will cease at and from the time and date stated above without further notice. Premium adjustment and return premium (if applicable) will be processed within 30 days after the non-renewal becomes effective. Payment or tender of premium is not a condition of non-renewal.

### 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 to execute a motor vehicle liability bond as surety.

BY: ( )  
AUTHORIZED SIGNATURE/ [ ]

**The following will also be notified:**  
( ) Creditor name/address

**NON-RENEWAL NOTICE (continued)**

**Refer billing, policy, or coverage questions to:**

**MAIL TO:**

( )  
( )  
( )  
( )

( )  
( )  
( )  
( )

| <b><u>Policy Number</u></b> | <b><u>Notice Issued on</u></b> | <b><u>Policy Period</u></b>                 | <b><u>Payment Plan</u></b> | <b><u>Policy Type</u></b>  |
|-----------------------------|--------------------------------|---|----------------------------|----------------------------|
| ( )                         | ( )                            | ( ) to ( )<br><i>12:01 AM standard Time</i> | ( )                        | <u>Personal Automobile</u> |

**Non-Renewal Effective Date:** ( ) at 12:01 A.M. Standard Time

**Non-Renewal Reason:** ( )



**CANCELLATION NOTICE (continued)**

Refer billing, policy, or coverage questions to:

MAIL TO:

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i><br><i>to</i><br><i>12:01 AM standard Time</i> | <i>Payment Plan</i> | <i>Policy Type</i><br>Personal Automobile |
|----------------------|-------------------------|--|---------------------|---|
|----------------------|-------------------------|--|---------------------|---|

**Cancellation Effective Date:** at 12:01 A.M. Standard Time

**Cancellation Reason:** Underwriting Reasons



**NON-RENEWAL NOTICE (continued)**

Refer billing, policy, or coverage questions to:

MAIL TO:

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i><br><i>to</i><br><i>12:01 AM standard Time</i> | <i>Payment Plan</i> | <i>Policy Type</i><br>Personal Automobile |
|----------------------|-------------------------|--|---------------------|---|
|----------------------|-------------------------|--|---------------------|---|

**Non-Renewal Effective Date:** at 12:01 A.M. Standard Time

**Non-Renewal Reason:** Underwriting Reasons



# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## CANCELLATION NOTICE

Refer billing, policy or coverage questions to:

MAIL TO:

Online Access: #####  
Policy# Agent#

Agency Name  
Agency Street Address  
Agency City, State & Zip  
Agency Phone

Named Insured  
Named Insured Address  
Named Insured City, State & Zip

|                               |                                  |                              |   |
|-------------------------------|----------------------------------|------------------------------|---|
| <b>Policy Number</b><br>##### | <b>Notice Issued on</b><br>##### | <b>Payment Plan</b><br>4-Pay | <b>Policy Type</b><br>Personal Automobile |
|-------------------------------|----------------------------------|------------------------------|---|

Prior Unpaid Balance

\$.##

**Pay this total in full**

\$.##

We accept VISA, MasterCard, Discover or pay by ATM Debit Card or 1-time EFT withdrawal. Keep your policy active and pay the total amount due. To make payment electronically call 1.800.584.1223 or go to [www.concordgroupinsurance.com](http://www.concordgroupinsurance.com) There will be a \$25.00 fee for insufficient funds.

**Cancellation Effective Date** ##### at 12:01 AM

Such action is occasioned by reason of : NON-PAYMENT OF PREMIUM

In accordance with policy conditions, by virtue of this notice and without further notice, the protection afforded under the above numbered policy will be cancelled and all liability of the company will cease at the time and date stated above. If any portion of the coverage afforded therein is replaced by another insurer prior to the effective date of the cancellation, the coverage replaced terminates at the time and date of the replacement.

The premium due will be accepted until the effective date and time of the cancellation referred to above. Please make payment using the envelope provided and the bottom portion of this notice.

If the payment is received and accepted by the company **PRIOR** to the effective date on this notice and then is subsequently returned for insufficient funds, the above mentioned policy will be cancelled effective the date and the time presented on this cancellation notice, even if a Rescind Notice is generated. Any unearned premium will be returned to the named insured listed on the policy within 30 days of the cancellation effective date.

If the payment is received **AFTER** the effective date on this notice it may not be accepted as payment by the company, even if the payment is cashed by the company. Any unearned premium will be returned to the named insured listed on the policy within 30 days from the day the payment was received.

### IMPORTANT STATE REGULATIONS ON REVERSE SIDE

BY: Carla J. Aversa  
AUTHORIZED SIGNATURE/ CARLA J. AVERSA

Detach at perforation. Keep the top section for your records and return the bottom with your payment.

**DO NOT SEND CASH. Please write the policy number on your check and make it payable to CONCORD GROUP INSURANCE.**

|                               |   |   |                        |                           |
|-------------------------------|---|---|------------------------|---------------------------|
| <b>Policy Number</b><br>##### | <b>Policy Type</b><br>Personal Automobile | <b>Cancellation Effective Date</b><br>##### | <b>Due by</b><br>##### | <b>Total Due</b><br>\$.## |
|-------------------------------|---|---|------------------------|---------------------------|

**POLICY HOLDER:**

**AMOUNT ENCLOSED**

\$

Named Insured  
Named Insured Address  
Named Insured City, State & Zip

Agent: Agency Name Agent #

Concord Group Insurance  
PO Box 2009  
Concord NH 03302-2009

Please advise your agent of any name or address corrections so the necessary changes can be made to your policy

Policyholder



## **SPECIAL NOTICE OF YOUR RIGHTS AND REQUIREMENTS**

### **NEW HAMPSHIRE**

As required by New Hampshire R.S.A. Chap 417-B (Property Policies) upon your written request, mailed or delivered to the Company not less than 10 days prior to the effective date of this cancellation or refusal to renew, the Company will supply to you within 5 days of the receipt of your request, a full explanation of the stated reason(s) why it has taken this action.

### **MAINE**

Hearing before Insurance Superintendent: If you wish to contest the reason(s) given for this cancellation, you may request a hearing before the Insurance Superintendent by writing to the Superintendent of Insurance, State House, Station 34, Augusta, ME 04333 within 45 days of receipt of this notice.

### **MASSACHUSETTS**

**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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467.

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.





# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## CANCELLATION NOTICE

Refer billing, policy, or coverage questions to:

MAIL TO:

|                      |                         |  |                     |   |
|----------------------|-------------------------|--|---------------------|---|
| <b>Policy Number</b> | <b>Notice Issued on</b> | <b>Policy Period</b><br>to<br>12:01 AM standard Time | <b>Payment Plan</b> | <b>Policy Type</b><br>Personal Automobile |
|----------------------|-------------------------|--|---------------------|---|

**Cancellation Effective Date:** at 12:01 A.M. Standard Time

**Cancellation Reason:** See Following Page(s) For Reason

|                |                     |            |                |                     |            |
|----------------|---------------------|------------|----------------|---------------------|------------|
| <b>Vehicle</b> | <b>Registration</b> | <b>VIN</b> | <b>Vehicle</b> | <b>Registration</b> | <b>VIN</b> |
|----------------|---------------------|------------|----------------|---------------------|------------|

By virtue of this notice this policy will be cancelled and all liability of the company will cease at and from the time and date stated above without further notice. Premium adjustment and return premium (if applicable) will be processed within 30 days after the cancellation becomes effective. Payment or tender of premium is not a condition of cancellation.

**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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467.

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.

BY:   
 AUTHORIZED SIGNATURE/ [ ]

**The following will also be notified:**

**CANCELLATION NOTICE (continued)**

Refer billing, policy, or coverage questions to:

MAIL TO:

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i><br><i>to</i><br><i>12:01 AM standard Time</i> | <i>Payment Plan</i> | <i>Policy Type</i><br>Personal Automobile |
|----------------------|-------------------------|--|---------------------|---|
|                      |                         |  |                     |   |

**Cancellation Effective Date:** at 12:01 A.M. Standard Time

**Cancellation Reason:** Underwriting Reasons



# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## NON-RENEWAL NOTICE

Refer billing, policy, or coverage questions to:

MAIL TO:

|                      |                         |  |                     |   |
|----------------------|-------------------------|--|---------------------|---|
| <b>Policy Number</b> | <b>Notice Issued on</b> | <b>Policy Period</b><br>to<br>12:01 AM standard Time | <b>Payment Plan</b> | <b>Policy Type</b><br>Personal Automobile |
|----------------------|-------------------------|--|---------------------|---|

**Non-Renewal Effective Date:** at 12:01 A.M. Standard Time

**Non-Renewal Reason:** See Following Page(s) For Reason

|                |                     |            |                |                     |            |
|----------------|---------------------|------------|----------------|---------------------|------------|
| <b>Vehicle</b> | <b>Registration</b> | <b>VIN</b> | <b>Vehicle</b> | <b>Registration</b> | <b>VIN</b> |
|----------------|---------------------|------------|----------------|---------------------|------------|

By virtue of this notice this policy will be non-renewed and all liability of the company will cease at and from the time and date stated above without further notice. Premium adjustment and return premium (if applicable) will be processed within 30 days after the non-renewal becomes effective. Payment or tender of premium is not a condition of non-renewal.

### 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 to execute a motor vehicle liability bond as surety.

BY: \_\_\_\_\_  
AUTHORIZED SIGNATURE/ [ ]

The following will also be notified:

**NON-RENEWAL NOTICE (continued)**

Refer billing, policy, or coverage questions to:

MAIL TO:

| <i>Policy Number</i> | <i>Notice Issued on</i> | <i>Policy Period</i><br><i>to</i><br><i>12:01 AM standard Time</i> | <i>Payment Plan</i> | <i>Policy Type</i><br>Personal Automobile |
|----------------------|-------------------------|--|---------------------|---|
|----------------------|-------------------------|--|---------------------|---|

**Non-Renewal Effective Date:** at 12:01 A.M. Standard Time

**Non-Renewal Reason:** Underwriting Reasons



# THE CONCORD GROUP INSURANCE COMPANIES

Green Mountain Insurance Company, Inc., 4 Bouton St, Concord, New Hampshire 03301

## CANCELLATION NOTICE

Refer billing, policy or coverage questions to:

MAIL TO:

Online Access: #####

Policy# Agent#

Agency Name  
Agency Street Address  
Agency City, State & Zip  
Agency Phone

Named Insured  
Named Insured Address  
Named Insured City, State & Zip

|                               |                                  |                              |   |
|-------------------------------|----------------------------------|------------------------------|---|
| <b>Policy Number</b><br>##### | <b>Notice Issued on</b><br>##### | <b>Payment Plan</b><br>4-Pay | <b>Policy Type</b><br>Personal Automobile |
|-------------------------------|----------------------------------|------------------------------|---|

|  |        |
|--|--------|
| Prior Unpaid Balance   | \$#.## |
| <b>Pay this total in full</b>  | \$#.## |
| We accept VISA, MasterCard, Discover or pay by ATM Debit Card or 1-time EFT withdrawal. Keep your policy active and pay the total amount due. To make payment electronically call 1.800.584.1223 or go to <a href="http://www.concordgroupinsurance.com">www.concordgroupinsurance.com</a> There will be a \$25.00 fee for insufficient funds. |        |

**Cancellation Effective Date**    ##### at 12:01 AM

Such action is occasioned by reason of : NON-PAYMENT OF PREMIUM

In accordance with policy conditions, by virtue of this notice and without further notice, the protection afforded under the above numbered policy will be cancelled and all liability of the company will cease at the time and date stated above. If any portion of the coverage afforded therein is replaced by another insurer prior to the effective date of the cancellation, the coverage replaced terminates at the time and date of the replacement.

The premium due will be accepted until the effective date and time of the cancellation referred to above. Please make payment using the envelope provided and the bottom portion of this notice.

If the payment is received and accepted by the company **PRIOR** to the effective date on this notice and then is subsequently returned for insufficient funds, the above mentioned policy will be cancelled effective the date and the time presented on this cancellation notice, even if a Rescind Notice is generated. Any unearned premium will be returned to the named insured listed on the policy within 30 days of the cancellation effective date.

If the payment is received **AFTER** the effective date on this notice it may not be accepted as payment by the company, even if the payment is cashed by the company. Any unearned premium will be returned to the named insured listed on the policy within 30 days from the day the payment was received.

### IMPORTANT STATE REGULATIONS ON REVERSE SIDE

BY: \_\_\_\_\_  
AUTHORIZED SIGNATURE/ CARLA J. AVERSA

Detach at perforation. Keep the top section for your records and return the bottom with your payment.

**DO NOT SEND CASH. Please write the policy number on your check and make it payable to CONCORD GROUP INSURANCE.**

|                               |   |   |                        |                            |
|-------------------------------|---|---|------------------------|----------------------------|
| <b>Policy Number</b><br>##### | <b>Policy Type</b><br>Personal Automobile | <b>Cancellation Effective Date</b><br>##### | <b>Due by</b><br>##### | <b>Total Due</b><br>\$#.## |
|-------------------------------|---|---|------------------------|----------------------------|

**POLICY HOLDER:**

Named Insured  
Named Insured Address  
Named Insured City, State & Zip

**AMOUNT ENCLOSED**

\$

Agent: Agency Name    Agent #

Concord Group Insurance  
PO Box 2009  
Concord NH 03302-2009

Please advise your agent of any name or address corrections so the necessary changes can be made to your policy

Policyholder



## SPECIAL NOTICE OF YOUR RIGHTS AND REQUIREMENTS

### **ALL STATES**

~~Should you experience difficulty in obtaining automobile insurance, please contact your agent (or any agent) or broker for full particulars concerning your possible eligibility for insurance through the Automobile (Assigned Risk) Insurance Plan provided in your state.~~

### **NEW HAMPSHIRE**

~~As required by New Hampshire R.S.A. Chap 417 A & B , upon your written request, mailed or delivered to the Company not less than 10 days prior to the effective date of this cancellation or refusal to renew, the Company, will supply to you within 5 days of receipt of your request, a full explanation of the stated reason(s) why it has taken this action. You may request in writing within 10 days of receipt of the reason(s) for this cancellation or non-renewal that the Insurance Commissioner review this action taken by the Company. Such request should be directed to the Insurance Commissioner at Concord, New Hampshire.~~

As required by New Hampshire R.S.A. Chap 417-B (Property Policies) upon your written request, mailed or delivered to the Company not less than 10 days prior to the effective date of this cancellation or refusal to renew, the Company will supply to you within 5 days of the receipt of your request, a full explanation of the stated reason(s) why it has taken this action.

### **MAINE**

Hearing before Insurance Superintendent: If you wish to contest the reason(s) given for this cancellation, you may request a hearing before the Insurance Superintendent by writing to the Superintendent of Insurance, State House, Station 34, Augusta, ME 04333 within 45 days of receipt of this notice.

### **MASSACHUSETTS**

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](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7794 or 877-563-4467.

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.