

[AGENT#] NGM Insurance Company
P O Box 2004
Keene NH 03431

MASSACHUSETTS
NOTICE OF CANCELLATION
AGENT: [AGENT#] STATE: 20

PLEASE READ CAREFULLY

POLICY NUMBER [POLICY#]	POLICY TYPE AUTOMOBILE	CANCELLATION EFFECTIVE MO DAY YR [DATE] 12:01 A.M.
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DATE OF MAILING: [DATE]
G 101 398 398

ANY EXCESS PREMIUM (IF NOT TENDERED) WILL BE REFUNDED ON DEMAND
F/CM

INSURED
[NAMED INSURED]
[INSURED ADDRESS]

[AGENT PHONE] AGENT 1090
[AGENT NAME]
[AGENT ADDRESS]

THE POLICY WILL TERMINATE AND ALL LIABILITY OF THE COMPANY
UNDER IT WILL CEASE AT 12.01 A.M. STANDARD TIME ON THE
EFFECTIVE DATE OF CANCELLATION SHOWN ABOVE. A REFUND OF
UNEARNED PREMIUM WILL FOLLOW IF ANY REFUND IS DUE. IF YOU FEEL
THAT THERE HAS BEEN AN ERROR, PLEASE CONTACT YOUR AGENT. THE
REASON FOR THIS CANCELLATION: - [REASON].

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.

[AGENT#] NGM Insurance Company
 P0 Box 2004
 Keene NH 03431

MASSACHUSETTS
 NOTICE OF CANCELLATION
 AGENT: [AGENT#] STATE: 20

PLEASE READ CAREFULLY

POLICY NUMBER	POLICY TYPE	CANCELLATION EFFECTIVE	TOTAL DUE	MIN. DUE
[POLICY#]	AUTOMOBILE	MO DAY YR [DATE] 12:01 A.M.	[\$AMOUNT]	[\$AMOUNT]

DATE OF MAILING: [DATE] ANY EXCESS PREMIUM (IF NOT TENDERED) WILL BE REFUNDED ON DEMAND
 G 100 001 001 1 F/CM

INSURED [AGENT PHONE] AGENT 1
 [NAMED INSURED] [AGENT NAME]
 [INSURED ADDRESS] [AGENT ADDRESS]

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

DEAR POLICYHOLDER: YOUR BUSINESS IS IMPORTANT TO US!

OUR RECORDS INDICATE THAT WE HAVE NOT RECEIVED YOUR PAYMENT DUE [DATE]. IF WE DO NOT RECEIVE PAYMENT, YOUR POLICY WILL BE CANCELED ACCORDING TO POLICY PROVISIONS ON THE CANCELLATION EFFECTIVE DATE AND TIME SHOWN ON THIS NOTICE.

TO PREVENT THIS FROM HAPPENING, PLEASE FORWARD THE AMOUNT DUE SHOWN ABOVE WITH OUT DELAY. THIS AMOUNT DUE INCLUDES THE PAST DUE AMOUNT, YOUR NEXT SCHEDULED INSTALLMENT AND ALL APPLICABLE SERVICE FEES. THIS WILL BRING YOUR ACCOUNT UP TO DATE. AS LONG AS YOUR PAYMENT IS RECEIVED ON OR PRIOR TO THE CANCELLATION EFFECTIVE DATE AND TIME SHOWN ON THIS NOTICE, THE CANCELLATION WILL NOT TAKE EFFECT AND YOUR COVERAGE WILL CONTINUE WITH OUT INTERRUPTION.

A REINSTATEMENT NOTICE WILL BE SENT TO YOU WHEN WE RECEIVE YOUR PAYMENT. REINSTATEMENTS ARE CONDITIONAL UPON BANK ACCEPTANCE OF PAYMENTS BY CHECK.

WE HOPE THIS REMINDER WILL PREVENT A LAPSE IN YOUR COVERAGE. WE VALUE OUR RELATIONSHIP WITH YOU. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT AS SOON AS POSSIBLE.

60-K572 (01/16) INSURED COPY

PLEASE RETURN THIS PORTION WITH CHECK PAYABLE TO: MSA GROUP

To pay your full ACCOUNT MINIMUM DUE as shown below, you may also call our toll-free number at (800) 611-0958 or visit msagroup.com to make a payment by Visa, Mastercard or Discover credit card, ATM debit card, check card or electronic check. The process is fast, simple and secure.

ACCOUNT [ACCOUNT#]	DATE DUE [DATE]
POLICY [POLICY#]	CURRENT BALANCE \$[AMOUNT]
AGENT [AGENT#]	MINIMUM DUE \$[AMOUNT]
[AGENT NAME]	ACCOUNT MINIMUM DUE \$[AMOUNT]

[DATE] 01 20 1

MAIL TO:

NGM Insurance Company
 PO Box 2004
 Keene NH 03431

POLICYHOLDER
 [NAMED INSURED]
 [INSURED ADDRESS]

NOC

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.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

[AGENT#] NGM Insurance Company
PO Box 2004
Keene NH 03431

MASSACHUSETTS
NOTICE OF NON-RENEWAL
AGENT:[AGENT#] STATE: 20

PLEASE READ CAREFULLY

POLICY NUMBER [POLICY#]	POLICY TYPE AUTOMOBILE	NON-RENEWAL EFFECTIVE MO DAY YR [DATE] 12:01 A.M.
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DATE OF MAILING:
[DATE] G 100 005 005

ANY EXCESS PREMIUM (IF NOT TENDERED) WILL BE REFUNDED ON DEMAND
F/CM

INSURED
[NAMED INSURED]
[INSURED ADDRESS]

[AGENT PHONE] AGENT
[AGENT NAME]
[AGENT ADDRESS]

NON-RENEWAL NOTICE

WE ARE NOTIFYING YOU THAT YOUR POLICY WILL NOT BE RENEWED WHEN IT EXPIRES ON [DATE].

BY THIS NOTICE YOUR POLICY WILL BE NON-RENEWED AND ALL LIABILITY OF THIS COMPANY WILL CEASE AT AND FROM THE TIME AND DATE STATED ABOVE WITH OUT FURTHER NOTICE. THE REASON FOR THIS NON-RENEWAL IS: [REASON].

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.

200250 NGM Insurance Company
PO Box 2004
Keene NH 03431

MASSACHUSETTS
NOTICE OF NON-RENEWAL
AGENT:[AGENT#] STATE: 20

PLEASE READ CAREFULLY

POLICY NUMBER [POLICY#]	POLICY TYPE AUTOMOBILE	NON-RENEWAL EFFECTIVE MO DAY YR [DATE] 12:01 A.M.
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DATE OF MAILING:[DATE]
G 100 005 005

ANY EXCESS PREMIUM (IF NOT TENDERED) WILL BE REFUNDED ON DEMAND
F/CM

INSURED
[NAMED INSURED]
[INSURED ADDRESS]

[AGENT PHONE] AGENT
[AGENT NAME]
[AGENT ADDRESS]

MP 00 02 10 13

NON-RENEWAL NOTICE

NOTICE OF EXPIRATION OF POLICY ASSIGNMENT MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE POLICY.

WE ARE NOTIFYING YOU THAT YOUR POLICY WILL NOT BE RENEWED WHEN IT EXPIRES BECAUSE OUR THREE-YEAR OBLIGATION TO PROVIDE INSURANCE TO YOU EXPIRES AT THAT TIME.

WE ENCOURAGE YOU TO CONTACT YOUR INSURANCE AGENT OR OTHER INSURANCE COMPANIES TO FIND REPLACEMENT COVERAGE FOR YOUR VEHICLE(S). MASSACHUSETTS LAW PROHIBITS INSURANCE COMPANIES FROM REFUSING TO ISSUE A MOTOR VEHICLE LIABILITY POLICY BASED ON THE OWNERSHIP OR OPERATION OF A MOTOR VEHICLE BECAUSE OF THE OPERATOR'S AGE, SEX, RACE, OCCUPATION, MARITAL STATUS, EDUCATION, HOMEOWNERSHIP, INCOME, CREDIT OR PRINCIPAL PLACE OF GARAGING OF THE VEHICLE.

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 that we do not intend to renew your policy because your policy assignment period with us is expiring.

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 your insurance agent or an insurance company directly 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 Automobile Insurance Plan (MAIP). Almost all insurance agents and all insurance companies are authorized to help you apply for insurance through the MAIP. If you apply for insurance through the MAIP, you will not be able to choose an insurer, but you will be assigned to a different insurance company than the one to which you were previously assigned. You will be able to obtain coverage through the MAIP that is identical to the insurance coverage that is provided under your current policy.

This notice shall not be deemed a refusal under Section 113D of Chapter 175 of the General Laws of the Commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.

[AGENT#] NGM Insurance Company
PO Box 2004
Keene NH 03431

MASSACHUSETTS
NOTICE OF [Notice Type]
AGENT:[AGENT#] STATE: 20

PLEASE READ CAREFULLY

POLICY NUMBER [POLICY#]	POLICY TYPE [Line of Business]	NON-RENEWAL EFFECTIVE MO DAY YR [DATE] 12:01 A.M.	[Min Billing Amount]
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DATE OF MAILING:
[DATE] G 100 005 005

ANY EXCESS PREMIUM (IF NOT TENDERED) WILL BE REFUNDED ON DEMAND
F/CM

INSURED
[NAMED INSURED]
[INSURED ADDRESS]

[AGENT PHONE] AGENT
[AGENT NAME]
[AGENT ADDRESS]

[Variable Cancellation/Non-Renewal/Non-Payment Language]

IMPORTANT: STATE REGULATIONS, IF ANY APPLY, ARE ON REVERSE SIDE

60-7622 (10/92)

INSURED COPY

[Variable language added on billing notices - Payment stub]

STATE REGULATIONS

A. INFORMATION FOR MOTOR VEHICLE REGISTRANTS CONCERNING INSURANCE OTHER THAN NON-RENEWAL

Cancellation of the insurance means that the Registrar of Motor Vehicles must, on the effective date of the cancellation indicated, revoke the registration certificate and license plates unless --

1. You receive a reinstatement of insurance from the same company that has sent you this cancellation notice; or--
2. You file an entirely new registration application with the certificate of Statutory Insurance properly filled out by some other approved insurance company. If you elect to secure insurance in a new company, such new registration application must reach the Registrar's office at least two days prior to the effective date of cancellation, or--
3. You file a complaint, in writing, at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, One South Station, Boston 02210, on a form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.

Unless you take one of the three courses indicated above, your registration will be revoked on the effective date of cancellation indicated in this notice and you will be required to return your certificate of registration and license plates to the Registrar.

B. RIGHT OF APPEAL AFTER CANCELLATION AND REVOCATION

If you have failed to take appropriate action as above indicated under Items 1, 2, or 3, before the effective date of cancellation, you still have a right to file a written complaint at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, One South Station, Boston 02210, on a form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation or revocation and your license plates should not be used on or after the effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the registrar will be notified and license plates and a certificate of registration will again be issued to you.

C. INFORMATION FOR MOTOR VEHICLE REGISTRANTS CONCERNING INSURANCE FOR NON-RENEWAL

You are required to have compulsory insurance in order to maintain the registration of your auto. Because we are not renewing your policy, you must arrange to replace your insurance with another company as soon as possible. A new certificate of insurance must be filed with the Registry of Motor Vehicles before your present policy expires. If you are not able to obtain coverage voluntarily from another insurer, you may apply to the Massachusetts Automobile Insurance Plan through any Massachusetts licensed insurance producer and Commonwealth Automobile Reinsurers.

This notice shall not be deemed a refusal, under section 113D of chapter 175 of the General Law of Massachusetts, to issue a motor vehicle liability policy or bond.

If you purchase a new policy, your new insurance company must offer to sell you optional insurance coverages. Companies may refuse Collision and Comprehensive coverages under certain circumstances. All optional coverages are subject to certain deductibles and limits specified in Massachusetts law.

To Agents and Brokers

If this notice is sent to any agent or broker, the agent or broker must forward it to the insured within fifteen days of its receipt, unless another company has executed a new certificate of insurance. Failure to do so may result in revocation of your insurance agent's or broker's license.

D. SPECIAL NOTICE - PROPERTY INSURANCE

Should you experience difficulty in obtaining fire insurance for your property, you should contact your local agent or broker for full particulars concerning your possible eligibility for insurance through the Insurance Placement Facility, Underwriter's Association or Reinsurance Association (FAIR Plan) of your state.

[Variable language added on billing notices]

**Massachusetts Personal Auto
NGM Insurance Company**

Statement of Variability 60- K572 (01/16)

Variable Field	Description of Variability
[AGENT #]	Varies by company assigned agency code
[AGENT]	Varies by company assigned agency code
[POLICY #]	Varies by assigned policy number
[DATE]	Varies by effective date of notice
[AMOUNT]	Varies by total premium due
[AMOUNT]	Varies by minimum premium due
[DATE]	Varies by date of mailing
[NAMED INSURED]	Varies by policy/named insured
[INSURED ADDRESS]	Varies by policy/named insured
[AGENT PHONE]	Varies by assigned agency
[AGENT NAME]	Varies by assigned agency
[AGENT ADDRESS]	Varies by assigned agency
[REASON]	Varies by cancellation reason
[ACCOUNT #]	Varies by company-assigned account number
[DUE DATE]	Varies by due date of the premium
[POLICY #]	Varies by assigned policy number
[CURRENT BALANCE]	Varies by current balance due
[AGENT #]	Varies by company assigned agency code
[AMOUNT]	Varies by minimum premium due
[AMOUNT]	Varies by account minimum premium due
[NAMED INSURED]	Varies by policy/named insured
[INSURED ADDRESS]	Varies by policy/named insured

**Massachusetts Personal Auto
NGM Insurance Company**

Statement of Variability 60- K568 (01/16)

Variable Field	Description of Variability
[AGENT #]	Varies by company assigned agency code
[AGENT]	Varies by company assigned agency code
[POLICY #]	Varies by assigned policy number
[DATE]	Varies by effective date of notice
[DATE]	Varies by date of mailing
[NAMED INSURED]	Varies by policy/named insured
[INSURED ADDRESS]	Varies by policy/named insured
[AGENT PHONE]	Varies by assigned agency
[AGENT NAME]	Varies by assigned agency
[AGENT ADDRESS]	Varies by assigned agency
[REASON]	Varies by cancellation reason

**Massachusetts Personal Auto
NGM Insurance Company**

Statement of Variability 60- K583 (01/16)

Variable Field	Description of Variability
[AGENT #]	Varies by company assigned agency code
[POLICY #]	Varies by assigned policy number
[DATE]	Varies by effective date of notice
[DATE]	Varies by date of mailing
[NAMED INSURED]	Varies by policy/named insured
[INSURED ADDRESS]	Varies by policy/named insured
[AGENT PHONE]	Varies by assigned agency
[AGENT NAME]	Varies by assigned agency
[AGENT ADDRESS]	Varies by assigned agency

**Massachusetts Personal Auto
NGM Insurance Company**

Statement of Variability 60- K576 (01/16)

Variable Field	Description of Variability
[AGENT #]	Varies by company assigned agency code
[AGENT]	Varies by company assigned agency code
[POLICY #]	Varies by assigned policy number
[DATE]	Varies by effective date of notice
[DATE]	Varies by date of mailing
[NAMED INSURED]	Varies by policy/named insured
[INSURED ADDRESS]	Varies by policy/named insured
[AGENT PHONE]	Varies by assigned agency
[AGENT NAME]	Varies by assigned agency
[AGENT ADDRESS]	Varies by assigned agency
[DATE]	Varies by date of policy expiration
[REASON]	Varies by reason for notice

**Massachusetts Personal Auto
NGM Insurance Company &
FORM EXPLANATORY**

Summary of changes: NGM Insurance Company is revising their cancellation and non-renewal notices.

We would like to introduce four new policyholder notices for our personal auto line of business:

60-K568	Ed 01/16	MA Auto Notice of Cancellation
60-K572	Ed 01/16	MA Auto Notice of Cancellation Non Pay
60-K576	Ed 01/16	MA Auto Notice of Non-Renewal
60-K583	Ed 01/16	Notice of Expiration of Policy Assignment MA PPA Ins Policy

These notices are designed to be line-of-business specific and they replace a single notice (Form 60-7622 Ed 10/92) that applied to all contingencies. The prior notice is being withdrawn.

Note that form 60-K583 copies verbatim the notice language from the MAIP notice MP 00 02 10 13.

[AGENT#] NGM Insurance Company
PO Box 2004
Keene NH 03431

MASSACHUSETTS
NOTICE OF NON-RENEWAL
AGENT:[AGENT#] STATE: 20

PLEASE READ CAREFULLY

POLICY NUMBER [POLICY#]	POLICY TYPE AUTOMOBILE	NON-RENEWAL EFFECTIVE MO DAY YR [DATE] 12:01 A.M.
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DATE OF MAILING:
[DATE] G 100 005 005

ANY EXCESS PREMIUM (IF NOT TENDERED) WILL BE REFUNDED ON DEMAND
F/CM

INSURED
[NAMED INSURED]
[INSURED ADDRESS]

[AGENT PHONE] AGENT
[AGENT NAME]
[AGENT ADDRESS]

NON-RENEWAL NOTICE

BY THIS NOTICE YOUR POLICY WILL BE NON-RENEWED AND ALL LIABILITY OF THIS COMPANY WILL CEASE AT AND FROM THE TIME AND DATE STATED ABOVE WITH OUT FURTHER NOTICE. THE REASON FOR THIS NON-RENEWAL IS: [REASON].

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.

**Massachusetts Personal Auto
NGM Insurance Company**

Statement of Variability 60- K576 (01/16)

Variable Field	Description of Variability
[AGENT #]	Varies by company assigned agency code
[AGENT]	Varies by company assigned agency code
[POLICY #]	Varies by assigned policy number
[DATE]	Varies by effective date of notice
[DATE]	Varies by date of mailing
[NAMED INSURED]	Varies by policy/named insured
[INSURED ADDRESS]	Varies by policy/named insured
[AGENT PHONE]	Varies by assigned agency
[AGENT NAME]	Varies by assigned agency
[AGENT ADDRESS]	Varies by assigned agency
[REASON]	Varies by reason for notice