

Progressive Logo

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXX X XXXXXXXXXXXX XXX>

Valued customer since <XXXX>

Policy Number: <XXXXXXXXXX>

Underwritten by:

<xUnderwriting Company Name>

Date of Mailing: <xMonth dd, YYYY>

Policy Period: <xxx xx, xxxx – xxx xx, xxxx>

Page <x> of <x>

<XXXXXXXXXX>

<X-XXX-XXX-XXXX>

Online Service

<XXXXXXXXXX.com>

Customer Service

<X-XXX-XXX-XXXX>

Mailing Address

<xCompany brand name>

<xxx xxxxxxxx>

<xxxxxx, xx xxxx>

<X-XXX-XXX-XXXX> (fax)

<xReturn to name 1>
<xReturn to name 2>
<xReturn address 1>
<xReturn address 2>
<xReturn address city, state zip>

<xMail to name 1>
<xMail to name 2>
<xMail to address 1>
<xMail to address 2>
<xMail to city, state zip>
<xMail to Foreign Address>

Cancellation Notice

Please know that your policy will be canceled at 12:01 a.m. on <xMonth dd, yyyy> because:

<XX
XX
XX>

We'll be happy to reinstate your policy if we receive the information requested above by <xMonth dd, yyyy>. Just give us a call or, if you prefer, fax or mail the requested information along with a copy of this page to <x>. But don't delay. We won't be able to reinstate your policy if you contact us after the deadline.

If you have any questions, please call your <x>.

If you have any questions, please call Customer Service.

Premium is owed for the coverage provided until the date of cancellation. You'll receive a refund if there is a balance owed to you. If your premium has not been paid for the coverage provided, you'll receive a bill.

Consumer Report Information

This cancellation or nonrenewal is based on information we obtained from a motor vehicle report (MVR) or claim report (CLUE). Driving and claims history information was provided by:

ChoicePoint Inc.
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com

If you have a question about the driving or claims history information, please contact ChoicePoint. You may obtain a free copy of your MVR or CLUE report for 60 days after you receive this notice. If you do not agree with what is in your report, you may dispute the report's accuracy or completeness with ChoicePoint.



Application for Massachusetts Motor Vehicle Insurance

**(Programming note:
For customers who e-sign, "Policy number: 9999999-9" will
print only if available.)**

(Programming note: The heading below will not print for customers who e-sign.)

Please review, sign where
indicated and return

(Programming note: The heading below will print for customers who e-sign.)

Please review and sign where
indicated

Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXXXX
 XXX XXXXXXXXXXXXXXXX
May 10, 2002
Page x of x **"Page x of x" will not print for
e-sign.**

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Roadside Assistance Coverage is available at the option of the Company.

(Programming note: For customers who sign the app electronically, "for policy number 99999999-9" will print if available.)

Policy and premium information for policy number 99999999-9

(Programming note: The name and address of the actual insuring entity will print below.)

Insurance company: XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX, XX 99999

Named insured: XXXXX XXXXXXXXXXXXXXXX
999 MAIN RD
CLEVELAND, OH 99999
Home: 999-999-9999

(Programming note: Print "Policy period:" and "Effective date and time" with dates and times if initial payment has been made. Always print for OOSM.)

Policy period: May 10, 2002 – Nov 10, 2002

(Programming note: If the sale date is the same as the effective date, show the effective time followed by "ET" i.e. 2:30 PM ET. If the effective date is in the future, show the time as "12:01 A.M.")

Effective date and time: May 10, 2002 at 12:01 A.M.

(Programming note: Print "Effective date and time" with sentence if initial payment has NOT been made. Do not print for OOSM.)

Effective date and time: Your policy will be effective when your required initial payment is submitted or at a later date of your choice.

Total policy premium: \$9,999.00

Initial payment required: \$9,999.03

(Programming note: Print "Initial payment received" if initial payment has been made. Always print for OOSM.)

Initial payment received: \$0.00

Payment plan: xxxxx **(Programming note: The selected payment plan will print here)**

(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: This section below will always print.)

Drivers and resident relatives

Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

Name	Date of birth
..... XXX XXXXXXXX	..... XXX XXX XXX

(Programming note: Headings will always print. (1) Always print 'Current' heading and current license number/state. (2) The heading "Previous" will always print. (3) The total number of years licensed will print here. (4) Vehicles will be listed as Auto 1, Auto 2, Auto 3, Auto 4. For 'Auto X' the variable represents 1, 2, 3, or 4. Only vehicles on the policy will print. (5) Percentage of use will print here for each driver. Do not print percentage sign. Greater than or less than signs will print i.e. >50 or <50)

Driver's license # / Licensed state	Years licensed	Total years licensed	% of use	Auto X	Auto X	Auto X	Auto X
Current: XXX/XX (1)	MASS. Other Motorcycle	XX (3)					
Previous: XXX/XX (2)	XX XX XX		XXX	XXX	XXX	XXX	(5)

NOTICE: If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under our rates.

(Programming note: The section below will always print.)

License information

Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at www.mass.gov/mv.

(Programming note: The section below prints only when there is a driver with a filing.)

Driver filing

Name	Filing type	State	Case number
..... XXXXX XXXXXXXXXXXXXXXXX	..... XXXXXXXXXXXXXXXXXXXXX	XX	999999999

(Programming note: The heading below always prints.)

Outline of coverage

(Programming note: The message below regarding policy limits needs to print directly underneath the "Outline of coverage" heading when there is more than one vehicle on the policy.)

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: The following sections will repeat for each vehicle on the policy. The coverages selected by the insured will print below and will also repeat for each vehicle on the policy.)

Auto X (Programming note: The variable represents 1, 2, 3, or 4)

2002 ACURA MDX 4 DOOR MPV

VIN: **XXX2222222222222**

Principal garaging address: 44102

Primary use of the vehicle: Commute

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$xxx
Personal Injury Protection (Part 2)	\$8,000 each person	xxx	xxx
(Programming note: If the deductible is zero the following lines will not print. If deductible is greater than zero, one or the other will print.)			
Deductible applies to You			
Deductible applies to You and household members			
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$xx,xxx each person/\$xx,xxx each accident		xxx
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$xx,xxx each accident		xxx

(Programming note: The following heading and section will only print if purchased.)

Optional insurance

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$xx,xxx each person/\$xx,xxx each accident		\$xxx
Medical Payments (Part 6)	\$x,xxx each person		xxx
Collision (Part 7)	*Actual Cash Value	xxx w/waiver	xxx
Limited Collision (Part 8)	*Actual Cash Value	xxx	xxx
Comprehensive (Part 9)	*Actual Cash Value	xxx xxx glass	xxx
Substitute Transportation (Part 10)	\$xxx a day for a maximum of xxx days	xxx	xxx
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$xx,xxx each person/\$xx,xxx each accident		xxx
Roadside Assistance	Up to \$xx.xx for each disablement		xxx
(Programming note: The Custom Parts or Equipment variable will display as the CPE value declared.)			
Custom Parts or Equipment	\$xx,xxx		xxx
Loan/Lease Payoff	25% Of The Actual Cash Value		xxx

(Programming note: this will print if policy has more than 1 vehicle.)

Total premium for Auto X **(Programming note: Print only if policy has more than 1 vehicle.)** \$xx

(Programming note: Only print the sentence below when stated amount.)

*In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the Actual Cash Value or the stated amount of \$x,xxx.



Continued

(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

Total xx month policy premium (Programming note: The variable text represents either '6' or '12')

\$xxxxx

(Programming note: This section will always print.)

Vehicle information

If any auto(s) to be insured is titled with a salvage title issued by the Mass Registry of Motor Vehicles, please indicate (Salvage Title Vehicles are not eligible for Coverage Parts 7, 8, or 9.)

Auto 1 _____ Auto 2 _____ Auto 3 _____ Auto 4 _____

(Programming note: If more than one vehicle, the below section will repeat for each vehicle. Vehicles will be listed as Auto 1, Auto 2, Auto 3, Auto 4)

Auto X (Programming note: The variable represents 1, 2, 3, or 4)

2002 ACURA MDX 4 DOOR MPV

VIN: **XXX222222222222**

Principal garaging address: 44102

Primary use of the vehicle: Commute

Odometer reading: XXXXXX

(Programming note: Registration plate number: If plate number not available, field will display "to be provided". For Yes/No answers, print out word.)

Registration plate number	Miles auto was driven in past 12 mos.	Air bag/Passive seat belt (Yes/No)	Anti-theft (Yes/No)	Vehicle recovery system (Yes/No)	Leased auto (Yes/No)
XXXXXXXXXX	XXXXXX	XXX	XXX	XXX	XXX

(Programming note: The section below prints when discounts apply to the policy. If there is only one discount listed the heading will read "Premium discount" not "Premium discounts".)

Premium discounts

Policy

999999999999(Programming note: For e-sign "999999" will print if available.) Residence insurance, paid in full and multi-car

Driver (Programming note: Don't print any driver discounts on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXXXXXX xxxxxxxxxxxxxxxxxxxx

Vehicle

2002 ACURA MDX Anti-Theft Device/Vehicle Recovery System/Air Bag/Passive Restraint/Annual Mileage

(Programming note: The 'Additional policy information' section prints when there are surcharges.)

Additional policy information

Policy

999999999999(Programming note: For e-sign "999999" will print if available.) surcharge

Driver (Programming note: Don't print any driver surcharges on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXXXXXX xxxxxxxxxxxxxxxxxxxx

Vehicle

2002 ACURA MDX surcharge



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 9999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

Driving history

(Programming note: The section below prints on all applications when there is a driver with a violation and/or accident unless the driver is excluded or list only.)

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports - provided by state agencies (MVR)
- Comprehensive Loss Underwriting Exchange - provided by ChoicePoint, Inc. (CLUE)

Driver	Description	Date	Source
XXXX XXXXXXXXXXXXXXXXX		Jul 4, 2001	APP
XXXXXXXXXXXXXXXXXXXX	XXXXX XXXXXXXXXXXXXXXXX	Jul 4, 2001	APP
XXXXXXXXXXXXXXXXXXXX			

(no points charged) **(Programming note: "no points charged" will print when there are two or more violations that occurred on the same day. Only the violation with the highest point value will charge points. The "no points charged" verbiage will print under all other violations that occurred on that day. The "no points charged" verbiage will always print below the description of the ANC and ANO violations, regardless if a single occurrence.)**

(Programming note: The sentence below only prints when all rated drivers have a clean driving record. The variable text represents the Brand name.)

XXXXXXXX XXXXX uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

(Programming note: The section below prints the applicable questions.)

Prior insurance and underwriting questions

Prior insurance: xxx **(Programming note: either 'yes' or 'no' answer will print here)**

Prior insurance carrier: xxx **(Programming note: Prior insurance carrier will print if applicant has prior insurance)**

Policy number: **(Programming note: Policy number heading and prior policy number will only print if provided)**

Bodily injury limits: **(Programming note: Bodily injury limits heading and actual limits will only print if provided)**

Comp claims: x **(Programming note: Comp claims will print if it applies to the state)**

Not at-fault accidents: x **(Programming note: NAFs will print if it applies to the state)**



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: The heading below prints when there is a Lienholder and Additional Interest.)

Lienholder and Additional Interest information

(Programming note: The heading below prints when there is a Lienholder only.)

Lienholder information

(Programming note: The heading below prints when there is an Additional Interest only.)

Additional Interest information

.....
Additional Interest: CHRYSLER FINANCIAL
123 Main St.
PO BOX 201147
ARLINGTON, TX 76006

.....
Additional Interest: CHRYSLER FINANCIAL
123 Main St.
PO BOX 201147
ARLINGTON, TX 76006



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: This section prints on all applications.)

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving and claims histories. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

Other charges

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of \$X.XX will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$X.XX during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than XXX days after the premium due date. The amount of this fee may change upon policy renewal.

(Programming note: The "Applicant signature" heading and the three paragraphs under the heading print for customers who elect to sign their application electronically.)



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

Applicant signature

(Programming note: First and last name of primary named insured will display in variable text field.)

I represent that I, XXXXXXXXXXXXXXX, am the person identified as the named insured and the first driver in the Drivers and Resident Relatives section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

(Programming note: The signature line will appear on all applications.)

(Programming note: Pre-fill name and date for those who elect to sign electronically.)

(Programming note: "Not Applicable/Sample Form" will print on the signature line in the event the customer fails authentication or fails to esign.)

Signature of named insured

Date

X.....



(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <xxxxxxxx>
<xxxxxx x xxxxxx xxx>
<xxxxxx x xxxxxx xxx>
Page <x> of <x>

(Programming note: Section below including heading, 3 paragraphs and address produces if the policy is being canceled due to an MVR cancel reason (MVR ind set to Y).)

Consumer Report Information

This cancellation or nonrenewal is based on information we obtained from a motor vehicle report (MVR) or claim report (CLUE). Driving and claims history information was provided by:

ChoicePoint Inc.
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com

If you have a question about the driving or claims history information, please contact ChoicePoint. You may obtain a free copy of your MVR or CLUE report for 60 days after you receive this notice. If you do not agree with what is in your report, you may dispute the report's accuracy or completeness with ChoicePoint.

Please know, however, that the consumer-reporting agency did not make the decision to cancel or nonrenew your policy and cannot explain why this action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your cancellation or nonrenewal after the report has been corrected by the consumer-reporting agency.

(Programming note: Sentence below always produces.)
Please see enclosed ~~Statutory Notice of Cancellation.~~

(Programming note: Below are data glyphs with embedded information for when forms are sent back to Progressive. Produce if DGI record is passed.)

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.

Right of Appeal after Cancellation and Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, or 3 before the effective date of cancellation, you have the right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produces in name fields if available.)

Policy Number: <xxxxxxxx>
<xxxxxx x xxxxxxx xxx>
<xxxxxx x xxxxxxx xxx>
Page <x> of <x>

The filing of such a complaint shall not affect the operation of the cancellation 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.

Form 6026 MA (05/0907/08)

(Programming note: This form is promulgated and no changes to verbiage, text or format should be made. This page will print as a separate page and as the last page of Form 6026MA. The headings below are 9 pt font. The form title is 10.5 pt font. Insert in variable 1 name underwriting company, variable 2 address, city, state and zip of underwriting company.)

Name and Address of Insurance Company: _____

**STATUTORY NOTICE OF CANCELLATION OF THE
MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY
(CANCELLATION OF ENTIRE POLICY)**

(Programming note: The below headings will only print if there is data in the columns. Insert in variable 1 date of mailing, variables 2 through 5 registration number for each vehicle — if no data passed produce 'Unknown', variables 6 through 9 vehicle identification for each vehicle.)

Date of this Notice: _____ Registration Number (Car 1) _____ Registration Number (Car 2) _____ Registration Number (Car 3) _____ Registration Number (Car 4)

<XMonth dd, yyyy> <x> _____ <x> _____ <x> _____ <x>

_____ V.I. Number (Car 1) _____ V.I. Number (Car 2) _____ V.I. Number (Car 3) _____ V.I. Number (Car 4)

_____ <x> _____ <x> _____ <x> _____ <x>

(Programming note: Insert in variable 1 effective date of cancellation, variable 2 named insured name, variable 3 additional named insured name if applicable, variable 3 insured's street address, variables 4, 5 and 6 insured's city, state and zip code, variable 7 policy number)

Name and Address of Insured: _____ Effective Date of Cancellation: <xMonth dd, yyyy> at 12:01 A.M.

<x>

(Programming note: PMM issuance criteria this form produces for a business event of CN, CNNSF, CNPRT or CL. State MA only.)

(Programming note: Insert Brand Co. name in name fields;
For Agency and Serviced by Agent (SBA), insert agent's name and address.
For Direct and Agency Serviced by Progressive (SBP), insert Progressive Brand name and address.
For California Agency Auto print Drive Insurance and Drive address.
Produce name 2 and address 2 if provided.)

<xReturn to name 1 >
<xReturn to name 2 >
<xReturn address 1 >
<xReturn address 2 >
<xReturn address city, state zip >

(Programming note: Mail to name and address produces in this section.
Produce Name 2, address 2, middle initial and suffix if provided. Print city, state zip unless
Foreign Address is indicated.)

<xMail to name 1 >
<xMail to name 2 >
<xMail to address 1 >
<xMail to address 2 >
<xMail to city, state zip >
<xMail to Foreign Address >

(Programming note: Title below always produces. Required font is 20.)

Cancellation Notice

(Programming note: The section below produces if the business event is CN, CNNSF or CNPRT.
Insert in variable the cancel effective date.)

Unfortunately, we didn't receive your payment and, as a result, your policy will be
canceled at 12:01 a.m. on <xMonth dd YYYY>.

Please know that this means you will no longer have insurance coverage.

(Programming note: The paragraph below produces if the business event is CN, CNNSF or CNPRT. Insert in
variable the cancel effective date.)

We value you as a customer and want to continue being your insurance provider.
To avoid cancellation, please send us your payment by check or money order so
that it is received or postmarked by 12:01 a.m. on <xMonth dd YYYY>. This way,
there will be no lapse in your coverage.

(Programming note: The sentence below produces if the business event is CN, CNNSF or CNPRT and if there is a remaining payment with a due date.
Insert in variable the next pay due date.)

If you've already sent your payment, thank you. Your next regular payment will be due on <xMonth dd YYYY>.

(Programming note: The sentence below produces if the business event is CN, CNNSF or CNPRT and if there is not a remaining payment.)

If you've already sent your payment, thank you.

(Programming note: The paragraph below produces if the business event is CN, CNNSF or CNPRT.)

You can also pay online or over the phone using a credit card or authorizing a withdrawal from your bank account. We'll
credit your payment right away so your insurance coverage will continue.

(Programming note: The sentence below produces if the business event is CN, CNNSF or CNPRT.)

We sincerely appreciate your attention to this matter and thank you for your business.

(Programming note: The section below produces if the business event is CL. Required font is 10.5. Insert in variable 1 the policy lapse date and in variable
2 the policy lapse date.)

Unfortunately, we didn't receive your renewal payment and, as a result, your policy will end at 12:01 a.m. on <xMonth dd
YYYY>.

Please know that this means you will no longer have insurance coverage as of that date.

(Programming note: If form spans more than one page Continued icon will produce on each page except the last.)



Progressive Logo

(Programming note: Insert brand logo)

(Programming note: Insert variable 1 Named insured and variable 2 Additional named insured if
provided. Middle initial and suffix will produce if
provided.)

<XXXXXXXX X XXXXXXXXXXXXXX XXX >
<XXX X XXXXXXXXXXXXXX XXX >

(Programming note: The section below will
produce if year is available. Variable year started)
Valued customer since <XXXX >

(Programming note: Insert variable 1 Policy
number, variable 2 underwriting company name,
variable 3 mail date, variable 4 effective date and
variable 5 expiration date)

Policy Number: <XXXXXXXXXX >

Underwritten by:

<xUnderwriting Company Name >

Date of Mailing: <xMonth, dd, YYYY >

Policy Period: <xxx xx, xxxx – xxx xx, xxxx >

Page <x > of <x >

(Programming note: Section below produces for
Agency and SBA. Insert variable 1 Agency name
and variable 2 Agency phone number.)

<XXXXXXXXXX >

<XXX-XXX-XXXX >

(Programming note: Insert brand url.)

Online Service

<XXXXXXXXXX.com >

(Programming note: Insert brand customer service
number.)

Customer Service

<XXX-XXX-XXXX >

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <XXXXXXXXXX>
<XXXXXX X XXXXXXX XXX>
<XXXXXX X XXXXXXX XXX>
Page <X> of < X>

We value you as a customer and want to be your insurance provider. Your policy can be renewed if your payment by check or money order is received or postmarked by 12:01 a.m. on <xMonth dd YYYY>.

If you've already sent your payment, thank you.

You can also pay online or over the phone using a credit card or authorizing a withdrawal from your bank account.

We sincerely appreciate your attention to this matter and thank you for your business.

(Programming note: The paragraph below produces if a renewal quote exists on the cancel pending policy. Required font is 10.5.)

We look forward to renewing your policy, but if your current policy cancels because you do not pay the minimum amount due by the due date, we'll need to withdraw our renewal offer. Any amount you pay above the minimum amount due to avoid cancellation will be applied to your renewal policy.

(Programming note: Section below produces for business event CN, CNNSF or CNPRT, for client Probill not Proteus/Policy Pro. Insert variable 1 unpaid balance amt, variable 2 remaining number of payments, variable 3 current minimum amt due and variable 4 due date.)

.....
Remaining balance <insert dollar amount> \$ <XXX.XX>
.....
Payments remaining < X >
.....
Minimum amount due <insert dollar amount> \$ <XXX.XX>
.....
Due date <xMonth dd, yyyy>

(Programming note: Section below produces for business event CN, CNNSF or CNPRT, for client Proteus/Policy Pro not Probill. Insert variable 1 current minimum amt due and variable 2 due date.)

.....
Minimum amount due <insert dollar amount> \$ <XXX.XX>
.....
Due date <xMonth dd, yyyy>

(Programming note: Section below produces for business event CL if the paid in full discount is less than zero, the policy renew amount is equal to zero and the applied pended cash is less than or equal zero. Insert variable 1 total policy premium amt, variable 2 paid in full discount amt, variable 3 paid in full payment amt due, variable 4 current minimum amt due and variable 5 lapse date.)

.....
Renewal policy premium <insert dollar amount> \$ <XXX.XX>
.....
To receive a paid in full discount of <XXX.XX>
.....
Make paid in full payment of <insert dollar amount> \$ <XXX.XX>
.....
Or pay minimum amount due \$ <XXX.XX>
.....
Due date <xMonth dd, yyyy>

(Programming note: Section below produces for business event CL if the paid in full discount is less than zero, the policy renew amount is equal to zero and the applied pended cash is greater than zero. Insert variable 1 total policy premium amt, variable 2 paid in full payment amt due, variable 3 current minimum amt due and variable 4 lapse date.)

.....
Renewal policy premium <insert dollar amount> \$ <XXX.XX>
.....
Make paid in full payment of <insert dollar amount> \$ <XXX.XX>
.....
Or pay minimum amount due \$ <XXX.XX>
.....
Due date <xMonth dd, yyyy>

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <XXXXXXXXXX>
<XXXXXX X XXXXXXX XXX>
<XXXXXX X XXXXXXX XXX>
Page <x> of <x>

(Programming note: Section below produces for business event CL if the policy renew amount is greater than zero or the paid in full discount is zero. Insert variable 1 total policy premium amount, variable 2 current minimum amt due and variable 3 lapse date.)

Renewal policy premium	<insert dollar amount>	\$ <xxx.xx>
Minimum amount due	<insert dollar amount>	\$ <xxx.xx>
Due date	<xMonth dd, yyyy>	

(Programming note: The paragraph below produces for business event CL, if the policy renew amount is greater than zero. Insert variable 1 policy renew amount. Required font is 10.5.)

The minimum amount due shown above includes the amount due on your current policy. If you made the final payment on your current policy, the minimum amount due to renew your policy is <x>.

(Programming note: The two sentences below produces for business event CL. Applied pended cash is greater than zero. Insert variable 1 pended cash amount. Font should be 10.5.)

The minimum amount due includes a credit of <x>. The paid in full amount also includes our Paid in Full Discount.

(Programming note: Heading produces for business event CN, CNNSF or CNPRT, for client Probill not Proteus/Policy Pro.)

Billing detail for <Month dd, yyyy> – <Month dd, yyyy>

(Programming note: Heading produces for client Probill not Proteus/Policy Pro and if below billing section spans past first page.)

Billing detail continued

(Programming note: Billing detail messaging will produce if provided. Required font is 10 point font.)

<XXXXXXXXXXXXXXXXXXXXXXXXXXXX>	.....	\$ <xxx.xx>
<XXXXXXXXXXXXXXXXXXXXXXXXXXXX>	.....	\$ <xxx.xx>
<XXXXXXXX XXXX >	.....	<x.xxx>
<XXXXXXXXXXXXXXXXXXXXXXXXXXXX>	.....	\$ <xxx.xx>

(Programming note: The sentence below produces for business event CN, CNNSF or CNPRT, for client Probill not Proteus/Policy Pro. Required font is 10.5. Insert in variable mail date.)

Payments received after <x> will appear on your next bill.

(Programming note: The sentence below produces for business event CN, CNNSF or CNPRT, for client Probill not Proteus/Policy Pro. Required font is 10.5. Insert in variable URL address.)

You may call Customer Service or check <x> to make sure we received your payment.

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

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <XXXXXXXXXX>
<XXXXXX X XXXXXXX XXX>
<XXXXXX X XXXXXXX XXX>
Page <X> of < X>

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/doj 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.

Right of Appeal after Cancellation and Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, or 3 before the effective date of cancellation, you have the right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation 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.

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <XXXXXXXXXX>
 <XXXXXX X XXXXXXX XXX>
 <XXXXXX X XXXXXXX XXX>
 Page <x> of <x>

(Programming note: This sentence and icon below will always produce. Required font is bold 10.5.)



Continued on back

Please see the reverse side.

(Programming note: The coupon below produces for a CN, CNNSF or CNPRT business event. Insert in variable 1 current minimum amount due and in variable 2 due date.)

Payment Coupon

Minimum amount due	\$ <xxx.xx>
Due date	<xMonth dd, YYYY>
Amount enclosed	\$

(Programming note: The coupon below produces only for a CL business event. Insert in variable 1 current minimum amount due and in variable 2 policy lapse date.)

Payment Coupon

Minimum amount due	\$ <xxx.xx>
Due date	<xMonth dd, YYYY>
Amount enclosed	\$

(Programming note: The sentence below produces for a CN, CNNSF or CNPRT business event. Insert in variable policy cancel effective date.)

To maintain continuous coverage, your payment must be received or postmarked by 12:01 a.m. on <xMonth dd, YYYY>.

(Programming note: Produce Barcode above and below address.)

XXXXXXXXXXXXXXXXXXXX

(Programming note: Produce payment address.)

<XXXXXXXXXXXX>
 <XXXX XXXXXX>
 <XXXXXX, XXXX XXXX>
 XXXXXXXXXXXXXXXXXXXX

(Programming note: Scan line)

<XX>

Policy Number: <XXXXXXXXXX>
 (Programming note: Insert in variable 1 Named insured and variable 2 Additional named insured if available. Middle initial and suffix will produce if available.)
 <XXXXXX X XXXXXXXXXXX XXX>
 <XXXX X XXXXXXXXXXX XXX>

(Programming note: Below text produces if policy is e-bill (EBPP), insert Underwriting Co. Name.)

Your e-bill has been sent to your online bill payment service provider. Save time by paying your bill online.

If you pay by check, please allow five to seven days for your payment to reach us. Write your policy number on the check and make it payable to <XXXXXXXXXXXX>.

(Programming note: Below text produces if it is not an e-bill policy (not EBPP). Insert in variable 1 brand URL and variable 2 brand customer service number.)

For immediate payment, please go to <xxxxxxx.com> or call <xxx-xxx-xxxx>.

(Programming note: Insert Underwriting Co. Name)

If you pay by check, please allow five to seven days for your payment to reach us. Write your policy number on the check and make it payable to <XXXXXXXXXXXX>.

(Programming note: Insert in variable Agent code)

Do not write below this section of coupon.
 <XX-xxxx> Form 6268 MA (05/09**07/08**)

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <XXXXXXXXXX>
<XXXXXX X XXXXXXX XXX>
<XXXXXX X XXXXXXX XXX>
Page <x> of <x>

(Programming note: Legal notice below always produces. This form is promulgated and no changes to verbiage, text or format should be made. This page will print as a separate page and as the last page of Form 6268MA. It must fit on one page. The form title is 10.5 pt font. The headings and text below them is 9 pt font. (1) Print name and address of underwriting company. (2) Print date of mailing. (3) Print registration number for each vehicle. If no data passed print 'Unknown'. (4) Print vehicle identification number for each vehicle. (5) Print effective date of cancellation. (6) Print name and address of insured. (7) Print amount owed. (8) Print policy number.) Name and Address of Insurance Company: _____

STATUTORY NOTICE OF

CANCELLATION OF THE

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

**MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY
(CANCELLATION OF ENTIRE POLICY)**

(Programming note: The below headings will only print if there is data in the columns.)

Date of this Notice: Registration Number (Car 1) Registration Number (Car 2) Registration Number (Car 3) Registration Number (Car 4)
<XXX XX XXXX> <XXXXXXXXXXXX> <XXXXXXXXXXXX> <XXXXXXXXXXXX> <XXXXXXXXXXXX>
V.I. Number (Car 1) V.I. Number (Car 2) V.I. Number (Car 3) V.I. Number (Car 4)
<XXXXXXXXXXXX> <XXXXXXXXXXXX> <XXXXXXXXXXXX> <XXXXXXXXXXXX>
Effective Date of Cancellation: XXX XX XXXX at 12:01 A.M.

Name and Address of Insured:
<XXXXXXXXXX XXXXXXXXXXXXX> AMOUNT DUE: \$ <XXX.XX>
<XXXXX XXXXXXXXXXXXX>
<XXXXXXXX XX XXXXX>

Policy Number: <XXXXXXXX X>

(Programming note: The following paragraphs are 10 pt font.)

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

NON PAYMENT OF INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.

(Programming note: Print signature of current President of underwriting company.)

By: _____

Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation:

INFORMATION FOR MOTOR VEHICLE REGISTRANTS CONCERNING STATUTORY INSURANCE

Cancellation of the Statutory 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 Statutory 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 Statutory 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, MA 02110, on a form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitled 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.

RIGHT OF APPEAL AFTER CANCELLATION AND REVOCATION— STATUTORY INSURANCE

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 the right to file a written complaint at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, One South Station, Boston, MA, 02110, 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 license plates.

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Insert policy number in variable 1, Name insured name variable 2, Additional insured name variable 3 and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <XXXXXXXXXX>

<XXXXXX X XXXXXXX XXX>

<XXXXXX X XXXXXXX XXX>

Page <X> of < X>

~~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 Statutory Insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.~~

(PMM generating criteria: (tran cd CW) - issue for non-renewal.)

Programming note: Insert Brand Co. name in name fields;
For Agency Serviced by Agent (SBA), insert agent's name and address.
For Direct and Agency Serviced by Progressive (SBP), insert Progressive Brand name and address.
For California Agency Auto produce Drive Insurance and Drive address.
Produce name 2 and address 2 if provided.)

<xReturn to name 1 >
<xReturn to name 2 >
<xReturn address 1 >
<xReturn address 2 >
<xReturn address city, state zip >

(Programming note: Mail to name and address produces in this section.
Produce Name 2, address 2, middle initial and suffix if provided. Produce city, state zip unless
Foreign Address is indicated.)

<xMail to name 1 >
<xMail to name 2 >
<xMail to address 1 >
<xMail to address 2 >
<xMail to city, state zip >
<xMail to Foreign Address >

Nonrenewal Notice

(Programming note: Insert in variable policy expiration date.)
Please know that your policy will expire as of 12:01 a.m. on <xMonth dd, yyyy >.

(Programming note: Insert in variable cancel reason descriptions. Multiple reasons can produce.)
Unfortunately, you will not receive an offer to renew because:
<XXXXXXXXXXXXXXXX >

(Programming note: Paragraph produces when all policy cancel reasons are curable. Insert in
variable company brand name.)
We'll be happy to send you an offer to renew your policy, but we need to receive
the information requested above immediately. Just give us a call or, if you prefer,
fax or mail the requested information along with a copy of this page to <x >.
But don't delay. We need to hear from you as soon as possible.

(Programming note: Produces for Agency Serviced by Agent. Insert in variable the word
'agent' or the word 'broker'.)
If you have any questions, please call your <x >.

(Programming note: Sentence produces for Direct or Serviced by Progressive.)
If you have any questions, please call Customer Service.

(Programming note: Sentence below always produces.)
This nonrenewal notice does not supersede any cancellation notice or imply coverage if this policy cancels during this
policy period.

(Programming note: Insert brand logo)

Progressive Logo

(Programming note: Insert variable 1 Named insured and variable 2 Additional named insured if
provided. Middle initial and suffix will produce if
provided.)
<XXXXXXXX X XXXXXXXXXXXX XXX >
<XXX X XXXXXXXXXXXX XXX >

(Programming note: The section below will
produce if year is available. Variable year started)
Valued customer since <xxxx >

(Programming note: Insert variable 1 Policy
number, variable 2 underwriting company name,
variable 3 mail date, variable 4 effective date and
variable 5 expiration date)

Policy Number: <XXXXXXXXXX >
Underwritten by:
<xUnderwriting Company Name >
Date of Mailing: <xMonth dd, YYYY >
Policy Period: <xxx xx, xxxx - xxx xx, xxxx >
Page <x > of <x >

(Programming note: Section below produces for
Agency and SBA. Insert variable 1 Agency name
and variable 2 Agency phone number.)
<XXXXXXXXXX >
<x-xxx-xxx-xxxx >

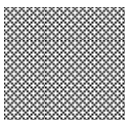
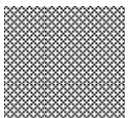
(Programming note: Insert brand url.)
Online Service
<XXXXXXXXXX.com >

(Programming note: Insert brand customer service
number.)
Customer Service
<x-xxx-xxx-xxxx >

(Programming note: Insert variable 1 Co. brand
name, variable 2, variable 3 Customer Service
address, city, state and zip and variable 4 fax
number.)

Mailing Address
<xCompany brand name >
<xxxx xxxxxxxx >
<xxxxxx, xx xxx >
<x-xxx-xxx-xxxx > (fax)

(Programming
note: Below are
data glyphs with
embedded
information for
when forms are
sent back to
Progressive.
Produce if DGI
record is passed.)



(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Heading and variable data will only produce if data is available. Insert in variable 1 policy number, variable 2 Name insured name, variable 3 Additional insured name and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <XXXXXXXX>
<XXXXXX X XXXXXXX XXX>
<XXXXXX X XXXXXXX XXX>
Page <X> of <X>

(Programming note: Section below including heading, 3 paragraphs and address produces if the policy is being canceled due to an MVR cancel reason (MVR ind set to Y).)

Consumer Report Information

This cancellation or nonrenewal is based on information we obtained from a motor vehicle report (MVR) or claim report (CLUE). Driving and claims history information was provided by:

ChoicePoint Inc.
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com

If you have a question about the driving or claims history information, please contact ChoicePoint. You may obtain a free copy of your MVR or CLUE report for 60 days after you receive this notice. If you do not agree with what is in your report, you may dispute the report's accuracy or completeness with ChoicePoint.

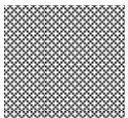
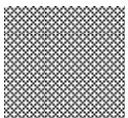
Please know, however, that the consumer-reporting agency did not make the decision to cancel or nonrenew your policy and cannot explain why this action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your cancellation or nonrenewal after the report has been corrected by the consumer-reporting agency.

(Programming note: Below are data glyphs with embedded information for when forms are sent back to Progressive. Produce if DGI record is passed.)

(Programming note: Sentence below always produces.)

~~Please see enclosed Legal Notice of Non-Renewal of Your Massachusetts Automobile Insurance Policy.~~

Form 6272-MA (07/08)



(Programming note: If form spans more than one page Continued icon will produce on each page except the last.)

(Programming note: This section will produce on the second page and all subsequent pages if the form spans more than one page. Heading and variable data will only produce if data is available. Insert in variable 1 policy number, variable 2 Name insured name, variable 3 Additional insured name and page numbers in variables 4 and 5. Middle initial and suffix will produce in name fields if available.)

Policy Number: <xxxxxxxx>
<xxxxxx x xxxxxxx xxx>
<xxxxxx x xxxxxxx xxx>
Page <x> of <x>

Massachusetts law provides that you are eligible to obtain all or most of the non-renewed coverages from the Commonwealth Automobile Reinsurers. Most insurance agents and brokers are authorized to provide insurance through this Association.

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.

Form 6272 MA (05/0907/08)

Please know, however, that the consumer-reporting agency did not make the decision to cancel or nonrenew your policy and cannot explain why this action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your cancellation or nonrenewal after the report has been corrected by the consumer-reporting agency.

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/doj 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.

Right of Appeal after Cancellation and Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, or 3 before the effective date of cancellation, you have the right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation 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.

Progressive Logo

<XXXXXXXX X XXXXXXXXXXXX XXX>
<XXX X XXXXXXXXXXXX XXX>

Valued customer since <XXXX>

Policy Number: <XXXXXXXXXXXX>

Underwritten by:

<xUnderwriting Company Name>

Date of Mailing: <xMonth, dd, YYYY>

Policy Period: <xxx xx, xxxx – xxx xx, xxxx>

Page <x> of <x>

<XXXXXXXXXXXX>

<XXX-XXX-XXXX>

Online Service

<XXXXXXXXXXXX.com>

Customer Service

<XXX-XXX-XXXX>

<xReturn to name 1>
<xReturn to name 2>
<xReturn address 1>
<xReturn address 2>
<xReturn address city, state zip>

<xMail to name 1>
<xMail to name 2>
<xMail to address 1>
<xMail to address 2>
<xMail to city, state zip>
<xMail to Foreign Address>

Cancellation Notice

Unfortunately, we didn't receive your payment and, as a result, your policy will be canceled at 12:01 a.m. on <xMonth dd YYYY>.

Please know that this means you will no longer have insurance coverage.

We value you as a customer and want to continue being your insurance provider. To avoid cancellation, please send us your payment by check or money order so that it is received or postmarked by 12:01 a.m. on <xMonth dd YYYY>. This way, there will be no lapse in your coverage.

If you've already sent your payment, thank you. Your next regular payment will be c

If you've already sent your payment, thank you.

You can also pay online or over the phone using a credit card or authorizing a withdrawal from your bank account. We'll credit your payment right away so your insurance coverage will continue.

We sincerely appreciate your attention to this matter and thank you for your business.

Unfortunately, we didn't receive your renewal payment and, as a result, your policy will end at 12:01 a.m. on <xMonth dd YYYY>.

Please know that this means you will no longer have insurance coverage as of that date.

We value you as a customer and want to be your insurance provider. Your policy can be renewed if your payment by check or money order is received or postmarked by 12:01 a.m. on <xMonth dd YYYY>.

If you've already sent your payment, thank you.

You can also pay online or over the phone using a credit card or authorizing a withdrawal from your bank account.

We sincerely appreciate your attention to this matter and thank you for your business.



We look forward to renewing your policy, but if your current policy cancels because you do not pay the minimum amount due by the due date, we'll need to withdraw our renewal offer. Any amount you pay above the minimum amount due to avoid cancellation will be applied to your renewal policy.

.....
Remaining balance <insert dollar amount> \$ <xxx.xx>
.....
Payments remaining <x>
.....
Minimum amount due <insert dollar amount> \$ <xxx.xx>
.....
Due date <xMonth dd, yyyy>

.....
Minimum amount due <insert dollar amount> \$ <xxx.xx>
.....
Due date <xMonth dd, yyyy>

.....
Renewal policy premium <insert dollar amount> \$ <xxx.xx>
.....
To receive a paid in full discount of <xxx.xx>
.....
Make paid in full payment of <insert dollar amount> \$ <xxx.xx>
.....
Or pay minimum amount due \$ <xxx.xx>
.....
Due date <xMonth dd, yyyy>

.....
Renewal policy premium <insert dollar amount> \$ <xxx.xx>
.....
Make paid in full payment of <insert dollar amount> \$ <xxx.xx>
.....
Or pay minimum amount due \$ <xxx.xx>
.....
Due date <xMonth dd, yyyy>

.....
Renewal policy premium <insert dollar amount> \$ <xxx.xx>
.....
Minimum amount due <insert dollar amount> \$ <xxx.xx>
.....
Due date <xMonth dd, yyyy>

The minimum amount due shown above includes the amount due on your current policy. If you made the final payment on your current policy, the minimum amount due to renew your policy is <x>.

The minimum amount due includes a credit of <x>. The paid in full amount also includes our Paid in Full Discount.

Billing detail for <Month dd, yyyy> – <Month dd, yyyy>

Billing detail continued

<XXXXXXXXXXXXXXXXXXXXXXXXXXXX> \$ <xxx.xx>
<XXXXXXXXXXXXXXXXXXXXXXXXXXXX> \$ <xxx.xx>
<XXXXXX XXXX > <x.xxx>
<XXXXXXXXXXXXXXXXXXXXXXXXXXXX> \$ <xxx.xx>

Payments received after <x> will appear on your next bill.

You may call Customer Service or check <x> to make sure we received your payment.

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/doj 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.

Right of Appeal after Cancellation and Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, or 3 before the effective date of cancellation, you have the right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation 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.

Progressive Logo

<xReturn to name 1 >
<xReturn to name 2 >
<xReturn address 1 >
<xReturn address 2 >
<xReturn address city, state zip >

<XXXXXXXX X XXXXXXXXXXXXXX XXX >
<XXX X XXXXXXXXXXXXXX XXX >

Valued customer since <XXXX >

<xMail to name 1 >
<xMail to name 2 >
<xMail to address 1 >
<xMail to address 2 >
<xMail to city, state zip >
<xMail to Foreign Address >

Policy Number: <XXXXXXXXXXXX >

Underwritten by:

<xUnderwriting Company Name >

Date of Mailing: <xMonth dd, YYYY >

Policy Period: <xxx xx, xxxx – xxx xx, xxxx >

Page <x > of <x >

<XXXXXXXXXXXX >

<X-XXX-XXX-XXXX >

Online Service

<XXXXXXXXXXXX.com >

Customer Service

<X-XXX-XXX-XXXX >

Mailing Address

<xCompany brand name >

<xxxx xxxxxxxxx >

<xxxxxxx, xx xxx >

<X-XXX-XXX-XXXX > (fax)

Nonrenewal Notice

Please know that your policy will expire as of 12:01 a.m. on <xMonth dd, yyyy >.

Unfortunately, you will not receive an offer to renew because:

<XXXXXXXXXXXXXXXX >

We'll be happy to send you an offer to renew your policy, but we need to receive the information requested above immediately. Just give us a call or, if you prefer, fax or mail the requested information along with a copy of this page to <x >. But don't delay. We need to hear from you as soon as possible.

If you have any questions, please call your <x >.

If you have any questions, please call Customer Service.

This nonrenewal notice does not supersede any cancellation notice or imply coverage if this policy cancels during this policy period.

Consumer Report Information

This cancellation or nonrenewal is based on information we obtained from a motor vehicle report (MVR) or claim report (CLUE). Driving and claims history information was provided by:

ChoicePoint Inc.
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com

If you have a question about the driving or claims history information, please contact ChoicePoint. You may obtain a free copy of your MVR or CLUE report for 60 days after you receive this notice. If you do not agree with what is in your

report, you may dispute the report's accuracy or completeness with ChoicePoint.

Please know, however, that the consumer-reporting agency did not make the decision to cancel or nonrenew your policy and cannot explain why this action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your cancellation or nonrenewal after the report has been corrected by the consumer-reporting agency.

IMPORTANT NOTICE

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.

Form 6272 MA (05/09)

