

XXXXXX XXXXX  
123 XXXX XX  
XXXXXXXX, XX XXXXX

XXXXXX XXXXX

Valued customer since 2009

**Policy Number: 99999999-9**

Underwritten by:

Progressive Direct Insurance Co

Date of Mailing: February 26, 2009

Policy Period: Jan 20, 2009 - Jul 20, 2009

Page 1 of 2

**Online Service**

**progressive.com**

**Customer Service**

**1-800-776-4737**

**Mailing Address**

Progressive

P.O. Box 31260

Tampa, FL 33631

**1-877-280-5587 (fax)**

## Cancellation Notice

Please know that your policy will be canceled at 12:01 a.m. on March 19, 2009 because:

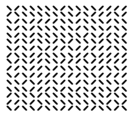
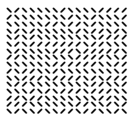
XX  
XX  
XX  
XX  
XX  
XX

We'll be happy to reinstate your policy if we receive the information requested above by May 11, 2009. Just give us a call or, if you prefer, fax or mail the requested information along with a copy of this page to Progressive. 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 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.

Please see enclosed Statutory Notice of Cancellation.

Form 6026 MA (07/08)



XXXXXX X XXXXX  
XXXXX XXXXX  
12 XXXXXXXXXXXX XXXXXX  
XXXXXXXX, XX XXXXX

XXXXXX X XXXXX  
XXXXX XXXXX

**Policy Number: 99999999-9**

Underwritten by:  
Progressive Direct Insurance Co  
Date of Mailing: April 24, 2009  
Policy Period: Apr 23, 2009 - Oct 23, 2009  
Page 1 of 2

**Online Service**  
**progressive.com**  
**Customer Service**  
**1-800-776-4737**

## Cancellation Notice

Unfortunately, we didn't receive your renewal payment and, as a result, your policy will end at 12:01 a.m. on May 15, 2009.

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 May 15, 2009.

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.

Renewal policy premium	\$403.00
To receive a paid in full discount of	-44.00
Make paid in full payment of	<b>\$359.00</b>
<b>Or pay minimum amount due</b>	\$72.18
<b>Due date</b>	<b>May 15, 2009</b>

## Payment Coupon

<b>Minimum amount due</b>	<b>\$72.18</b>
<b>Due date</b>	<b>May 15, 2009</b>
Amount enclosed	\$

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

**Policy Number: 99999999-9**

XXXXXX X XXXXX  
XXXXX XXXXX

**For immediate payment**, please go to progressive.com or call 1-800-999-8781.

**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 Progressive Direct Insurance Co.



PROGRESSIVE  
PO BOX 7247-0311  
PHILADELPHIA PA 19170-0311



Do not write below this section of coupon.  
IC-94576 Form 6268 MA (07/08)

Name and Address of Insurance Company:  
Progressive Direct Insurance Co

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

“  
Date of this Notice:  
April 24, 2009

Name and Address of Insured:  
XXXXXX X XXXXX  
XXXXX XXXXX  
12 XXXXXXXXXXX XXXXX  
XXXXXXXX, XX XXXXX

Effective Date of Cancellation: May 15, 2009 at 12:01 A.M.  
AMOUNT DUE: \$72.18

Policy Number: 99999999-9

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.

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.

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.



**LEGAL NOTICE OF NON-RENEWAL OF YOUR  
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Date of this Notice: April 10, 2009

Policy Number: XXXXXXXX-X

Name and Address of Insured: XXXXX X XXXXXXXXXXXX  
12 XXXXXX XX  
X XXXXXXXXXXXX, XX XXXXX

Registration Number (Car)  
XXXXXX

V.I. Number (Car)  
XXXXXXXXXXXXXXXXXX

Policy Expiration Date: May 24, 2009 at 12:01 A.M.

We are notifying you that your policy will not be renewed when it expires.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Our Reason(s) for Not Renewing Your Policy:

XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXX

Name of Company: Progressive Direct Insurance Co

By:  \_\_\_\_\_

**IMPORTANT NOTICE**

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 certification of insurance must be filed with the Registry of Motor Vehicles before your present policy expires.

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.





# Application for Massachusetts Motor Vehicle Insurance

**(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

**(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

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 XXXXXXXXXXXXXXXXX  
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 XXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXX

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](http://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 XXXXXXXXXXXXXXXX	..... 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
<b>(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.)</b>			
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
<b>(Programming note: The Custom Parts or Equipment variable will display as the CPE value declared.)</b>			
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 xxxxxxxxxxxxxxxx

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.)**

XXXXXX 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.....









## Progressive Logo

<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>

**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>

**Online Service**

<XXXXXXXXXXXX.com>

**Customer Service**

<XXX-XXX-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>

## Cancel Cancellation Notice

- ~~We have not received your payment~~
- ~~Your last payment was returned for insufficient funds~~
- ~~Your credit card payment was rejected~~
- ~~Your Electronic Funds Transfer payment was rejected~~
- ~~Your last payment was less than the minimum amount due~~

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>.

~~**If we don't receive your payment, your policy will be canceled at 12:01 a.m. on Month dd, yyyy because you did not pay the required premium.**~~ To maintain continuous coverage, your payment must be received or postmarked by 12:01 a.m. on Mmmm 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 ~~must be~~ 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 have~~ you've already sent your payment, thank you. Your next regular payment will be due on <xMonth dd, yyyy>.

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.

Remaining balance	\$xxx.xx
Payments remaining	x
<b>Minimum amount due</b>	<b>\$ xxx.xx</b>
<b>Due date</b>	<b>&lt;xMonth dd, yyyy&gt;</b>

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

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

Payments received after <xMonth dd, yyyy> will appear on your next bill.

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



Continued on back

Please see the reverse side.

**—ENCLOSED IS THE STATUTORY NOTICE OF CANCELLATION OF YOUR POLICY**

**Payment Coupon**

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

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



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

**Policy number: 123456789Number:**  
<XXXXXXXXXXXX>  
~~Policyholders:~~

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

**If you pay by check**, please allow 5 to 7 days for your payment to reach us. Write your policy number on the check and make it payable to xxxxxxxxxxxx.

Do not write below this section of coupon.  
<XX-xxxx> Form 6268 MA 12/07/08  
Cancel Notice

**Billing detail for Mmmm dd, yyyy—Mmmm dd,yyyy**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
..... \$xxx.xx  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
.....\$xxxx.xx  
XXXXXX XXXX  
.....x.xxx  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
.....\$xxx.xxx

Payments received after Mmmm dd will appear on your next statement.

You may call Automated Customer Service or check xxxxxx.com to make sure we received your payment.

Name and Address of Insurance Company:

<X>

<X>

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

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>

Effective Date of Cancellation: <XMonth dd, yyyy> at 12:01 A.M.

Name and Address of Insured:

<XXXXXXXXXX XXXXXXXXXXXXX>

<XXXXX XXXXXXXXXXXXX>

<XXXXXXXX XX XXXXX>

AMOUNT DUE: \$ <XXX.XX>

Policy Number: <X >

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.

By: <x> \_\_\_\_\_  
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.

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.

# 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 >

## 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 >

24 hours a day, 7 days a week

## Mailing Address

<xCompany brand name >

<xxxx xxxxxxxxx >

<xxxxxx, xx xxx >

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

<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

~~Your~~ <insert policy risk type > ~~policy will expire at~~  
~~12:01 a.m. on xxxx xx, xxxx~~

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

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

<XXXXXXXXXXXXXXXX >

~~Please~~ 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 immediately to Progressive Direct and include along with a copy of this page for reference. If we do not receive this information, or if the information received is unacceptable, you will not receive an offer to <x >. But don't delay. We need to hear from us to renew your policy. you as soon as possible.

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.

### Important notices

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

Form 6272 MA (12/07/08)



Name and Address of Insurance Company:  
Progressive Direct Insurance Co  
123 MAIN ST, MAYFIELD, OH 12345

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

Date of this Notice: Registration Number (Car 1)  
February 26, 2009 XXXXXXXX  
V.I. Number (Car 1)  
XXXXXXXXXXXXXXXXXXXX

Name and Address of Insured:  
XXXXXX XXXXX  
123 XXXX XX  
XXXXXXXX, XX XXXXX

Effective Date of Cancellation: March 19, 2009 at 12:01 A.M.

Policy Number: 99999999-9

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):

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXX

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.

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.

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.

XXXXXX X XXXXX  
XXXXX XXXXX  
12 XXXXXXXXXXXX XXXXXX  
XXXXXXXX, XX XXXXX

XXXXXX X XXXXX  
XXXXX XXXXX

**Policy Number: 99999999-9**

Underwritten by:  
Progressive Direct Insurance Co  
Date of Mailing: April 24, 2009  
Policy Period: Apr 23, 2009 - Oct 23, 2009  
Page 1 of 3

**Online Service**  
[progressive.com](http://progressive.com)  
**Customer Service**  
**1-800-776-4737**

## Cancellation Notice

Unfortunately, we didn't receive your payment and, as a result, your policy will be canceled at 12:01 a.m. on September 29, 2009.

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 September 29, 2009. This way, there will be no lapse in your coverage.

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.

**Please see the reverse side.**

 Continued on back

## Payment Coupon

<b>Minimum amount due</b>	<b>\$72.18</b>
<b>Due date</b>	<b>September 29, 2009</b>
<b>Amount enclosed</b>	<b>\$</b>


To maintain continuous coverage, your payment must be received or postmarked by 12:01 a.m. on September 29, 2009.

**Policy Number: 99999999-9**

XXXXXX X XXXXX  
XXXXX XXXXX

**For immediate payment**, please go to [progressive.com](http://progressive.com) or call 1-800-999-8781.

**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 Progressive Direct Insurance Co.

  
 PROGRESSIVE  
 PO BOX 7247-0311  
 PHILADELPHIA PA 19170-0311  


Do not write below this section of coupon.  
IC-94576 Form 6268 MA (07/08)

031147681180 20374 0007218 0040800 5200119 8255237 001004230908



.....	.....
Remaining balance	\$408.00
.....	.....
Payments remaining	0
.....	.....
<b>Minimum amount due</b>	<b>\$72.18</b>
.....	.....
<b>Due date</b>	<b>September 29, 2009</b>

Name and Address of Insurance Company:  
Progressive Direct Insurance Co  
123 MAIN ST, MAYFIELD, OH 12345

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

Date of this Notice:	Registration Number (Car)	Registration Number (Car)
April 24, 2009	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
	V.I. Number (Car)	V.I. Number (Car)
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

Name and Address of Insured:  
XXXXXX X XXXXX  
XXXXX XXXXX  
12 XXXXXXXXXXX XXXXX  
XXXXXXXX, XX XXXXX

Effective Date of Cancellation: September 29, 2009 September 29, 2009 at 12:01 A.M.  
AMOUNT DUE: \$72.18

Policy Number: 99999999-9

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.

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.

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.



**LEGAL NOTICE OF NON-RENEWAL OF YOUR  
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Date of this Notice: April 10, 2009

Policy Number: XXXXXXXX-X

Name and Address of Insured: XXXXX X XXXXXXXXXXXX  
12 XXXXXX XX  
X XXXXXXXXXXXX, XX XXXXX

Registration Number (Car)  
XXXXXX

V.I. Number (Car)  
XXXXXXXXXXXXXXXXXX

Policy Expiration Date: May 24, 2009 at 12:01 A.M.

We are notifying you that your policy will not be renewed when it expires.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Our Reason(s) for Not Renewing Your Policy:

XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX  
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XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXX

Name of Company: Progressive Direct Insurance Co

By:  \_\_\_\_\_

**IMPORTANT NOTICE**

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 certification of insurance must be filed with the Registry of Motor Vehicles before your present policy expires.

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.

SERFF Tracking Number: PRGS-126203519 State: Massachusetts  
Filing Company: Progressive Direct Insurance Company State Tracking Number: 09JUN26-519  
Company Tracking Number: L090325-MA-AU-D-1  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Auto  
Project Name/Number: DMG6419/L090325-MA-AU-D-1

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification of Compliance Form 06/24/2009  
**Comments:**  
**Attachment:**  
Certification of Compliance.pdf

**Review Status:**  
**Satisfied -Name:** Checklist(s) 06/24/2009  
**Comments:**  
**Attachment:**  
Module\_8\_Form.pdf

**Review Status:**  
**Satisfied -Name:** Copy of Approved Application 06/24/2009  
**Comments:**  
The attached Application for Massachusetts Motor Vehicle Insurance, Form 4905 MA (11/07), was placed on file on April 25, 2008, in Massachusetts File # 112270.  
**Attachment:**  
4905 MA 11-07 3c (DOI).pdf

**Review Status:**  
**Bypassed -Name:** Statement of Variability 06/24/2009  
**Bypass Reason:** Not Applicable  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Comparison Documents 06/25/2009  
**Comments:**  
**Attachments:**  
6026.MA.0708.1r(filing).pdf  
6268.MA.0708.1r.pdf  
6272.MA.0708.1r(filing).pdf