

NOTICE OF REINSTATEMENT

MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

Date of Notice:	XX/XX/XXXX
Policy Number:	XXXXXXXX
Insured(s):	XXXXX XXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXX, XX XXXXX

Effective Date of Cancellation: XX/XX/XXXX

You are hereby notified that the Policy indicated above heretofore cancelled is hereby reinstated and remains in full force and effect as of the date of issue, such reinstatement being granted on your assurance that no accident or loss covered by said Policy has occurred subsequent to date of cancellation.

SPECIFIC REASON(S) FOR CANCELLATION:

(Company must specify the particular reason(s) and must state the substance of the matter(s) relied upon for cancellation):

[VIOLATION OF TERMS OR CONDITIONS OF THE POLICY]

YOUR AGENT

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX, XX XXXXX
XXX-XXX-XXXX

XXXXX XXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX, XX XXXXX