



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

**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 obtain coverage through the plan that is identical to the coverage that was not renewed; or
3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown on this notice.

**RIGHT OF APPEAL AFTER CANCELLATION**




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 and revocation of your license plates.

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.

P050D 07 16

**PAYMENT INFORMATION**

We offer multiple payment options for your convenience.

-  Online at [Safetyinsurance.com](http://Safetyinsurance.com) using your checking account. Payments made online will need to be submitted 48 hours prior to the effective date of cancellation on this notice.
-  At your agency, any time on or prior to the effective date of cancellation on this notice.
-  By check or money order using this payment stub and the envelope provided. Please remember to clearly print your policy number on your check. Payments need to be received by Safety on or prior to the effective date of cancellation on this notice.

If you have questions or are unable to make your payment using any of the above mentioned methods, you may call us at 800-951-2100 or 617-951-0600 on or prior to your cancellation effective date. After this date please contact your agent.

P050D 07 16

# NOTICE OF CANCELLATION

NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

<b>Date of Notice:</b>	XX/XX/XXXX
<b>Policy Number:</b>	XXXXX
<b>Insured(s):</b>	XXXXX XXXXXXXX XXXXXXXXXXXX XXXXXX, XX XXXXX

<b>Effective Date of Cancellation:</b> XX/XX/XXXX
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You are hereby notified that the designated Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws 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 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.

**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):

**[FAILURE TO OBTAIN A VALID MASSACHUSETTS REGISTRATION  
OR MASSACHUSETTS OPERATORS LICENSE]**

**YOUR AGENT**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX, XX XXXXX  
XXX-XXX-XXXX

**Important Notice:** See the reverse side of this notice for your legal rights under the insurance law relative to this notice.

XXXXXXXX XXXXXXXX  
XXXXXXXXXXXX  
XXXXXX, XX XXXXX

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

**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 obtain coverage through the plan that is identical to the coverage that was not renewed; or
3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

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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.

# NOTICE OF CANCELLATION

NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

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

<b>Effective Date of Cancellation:</b>	XX/XX/XXXX
<b>Amount of Premium and Fees Due:</b>	XXX.XX

You are hereby notified that the designated Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms at 12:01 A.M. on the effective date of cancellation stated above.

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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 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. If the payment received is not honored by your financial institution, reinstatement of the Policy will be void and the Policy will be cancelled as of the "Effective Date of Cancellation" on this Notice.]

**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):

[NON PAYMENT OF PREMIUM]

**YOUR AGENT**

XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXX, XX XXXXX  
XXX-XXX-XXXX

This is a copy of the notice that was mailed to the policyholder.

XXXXXX XXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXX, XX XXXXX





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

**INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS**

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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 obtain coverage through the plan that is identical to the coverage that was not renewed; or
3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

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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.


P050D ~~12-15~~

**PAYMENT INFORMATION**

We offer multiple payment options for your convenience.

 Online at [Safetyinsurance.com](http://Safetyinsurance.com) using your checking account. Payments made online will need to be submitted 48 hours prior to the effective date of cancellation on this notice.

 At your agency, any time on or prior to the effective date of cancellation on this notice.

 By check or money order using this payment stub and the envelope provided. Please remember to clearly print your policy number on your check. Payments need to be received by Safety on or prior to the effective date of cancellation on this notice.

If you have questions or are unable to make your payment using any of the above mentioned methods, you may call us at 800-951-2100 or 617-951-0600 on or prior to your cancellation effective date. After this date please contact your agent.

P050D ~~12-15~~



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

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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 obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

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P050D [07 16](#)

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 At your agency, any time on or prior to the effective date of cancellation on this notice.

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P050D [07 16](#)



# NOTICE OF CANCELLATION

NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

<b>Date of Notice:</b>	XX/XX/XXXX
<b>Policy Number:</b>	XXXXXX
<b>Insured(s):</b>	XXXXXX XXXXXXXX XXXXXXXXXXXX XXXXXX, XX XXXXX

<b>Effective Date of Cancellation:</b> XX/XX/XXXX
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You are hereby notified that the designated Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws 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 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.

**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):

**[FAILURE TO OBTAIN A VALID MASSACHUSETTS REGISTRATION  
OR MASSACHUSETTS OPERATORS LICENSE]**

**YOUR AGENT**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX, XX XXXXX  
XXX-XXX-XXXX

**Important Notice:** See the reverse side of this notice for your legal rights under the Insurance law relative to this notice.



XXXXXXXX XXXXXXXX  
XXXXXXXXXXXX  
XXXXXX, XX XXXXX

## NOTICE OF CANCELLATION

NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

<b>Date of Notice:</b>	XX/XX/XXXX
<b>Policy Number:</b>	XXXXXX
<b>Insured(s):</b>	XXXXXX XXXXXXXX XXXXXXXXXXXX XXXXXXXX, XX XXXXX

<b>Effective Date of Cancellation:</b> XX/XX/XXXX
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[FAILURE TO OBTAIN A VALID MASSACHUSETTS REGISTRATION  
OR MASSACHUSETTS OPERATORS LICENSE]

**YOUR AGENT**

XXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXX, XX XXXXX  
XXX-XXX-XXXX

**Important Notice:** See the reverse side of this notice for your legal rights under the insurance law relative to this notice.

XXXXXXXX XXXXXXX  
XXXXXXXXXXXX  
XXXXXXXX, XX XXXXX

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

**INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS**

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**RIGHT OF APPEAL AFTER CANCELLATION**

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

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3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

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P050X 07 16

P050X 07 16

# NOTICE OF CANCELLATION

NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

**Date of Notice:** XX/XX/XXXX  
**Policy Number:** XXXXXXXX  
**Insured(s):** XXXXXX XXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX, XX XXXXX

**Effective Date of Cancellation:** XX/XX/XXXX  
**Amount of Premium and Fees Due:** XXX.XX

You are hereby notified that the designated Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws 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.

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**This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation. If the payment received is not honored by your financial institution, reinstatement of the Policy will be void and the Policy will be cancelled as of the "Cancellation Date" on this Notice.**

**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):

NON PAYMENT OF PREMIUM

**YOUR AGENT**

XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXX, XX XXXXX  
XXX-XXX-XXXX

**This is a copy of the notice that was mailed to the policyholder.**

XXXXXX XXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX, XX XXXXX

# NOTICE OF CANCELLATION

NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

**Date of Notice:** XX/XX/XXXX  
**Policy Number:** XXXXXXXX  
**Insured(s):** XXXXXX XXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX, XX XXXXX

**Effective Date of Cancellation:** XX/XX/XXXX  
**Amount of Premium and Fees Due:** XXX.XX

You are hereby notified that the designated Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms at 12:01 A.M. on the effective date of cancellation stated above.

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[This cancellation will not take effect if the full amount due shown above is paid on or prior to the Effective Date of Cancellation. If the payment received is not honored by your financial institution, reinstatement of the Policy will be void and the Policy will be cancelled as of the "Effective Date of Cancellation" on this Notice.]

**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):

[NON PAYMENT OF PREMIUM]

**YOUR AGENT**

XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXX, XX XXXXX  
XXX-XXX-XXXX

This is a copy of the notice that was mailed to the policyholder.

XXXXXX XXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX, XX XXXXX

## Variable Language Exhibit

**SFTY-130607741**

**F160730MAPA**

The following describes the variable language fields on each submitted notice in this filing.

### **Notice Of Cancellation (Non-Payment) to Policyholder - P050D 07 16**

- Top of Form – Issuing Company – Safety Insurance Company, Safety Indemnity Insurance Company or Safety Property and Casualty Insurance Company
- Middle of Form – Form MCS-90 Language – Only appears on notices issued for policies that have the MCS-90 endorsement included as part of the policy

### **Notice of Cancellation (Underwriting Reason) to Policyholder, P050X 12 15**

- Top of Form – Issuing Company – Safety Insurance Company, Safety Indemnity Insurance Company or Safety Property and Casualty Insurance Company
- Middle of Form – Specific Reason(s) For Cancellation

### **Notice of Cancellation to Lienholder, P051 12 15**

- Top of Form – Issuing Company – Safety Insurance Company, Safety Indemnity Insurance Company or Safety Property and Casualty Insurance Company
- Middle of Form – “Effective Date of Cancellation” paragraph will only appear on policies that are due to cancel because of nonpayment of premium
- Lower Middle of Form – Specific Reason(s) For Cancellation