



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**NOTICE OF CANCELLATION OF THE  
 MASSACHUSETTS AUTOMOBILE INSURANCE  
 POLICY**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:  
 AMOUNT DUE:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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 THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.**

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.

This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation. A reinstatement notice will be sent to you when we receive your payment. If the payment for the reinstatement is in the form of a check or draft, or any form of electronic transmission of funds and the financial institution on which the check, draft or any form of electronic transmission of funds is drawn does not honor it on presentment, the reinstatement will be void as of its inception and your policy will terminate on the date and time shown on the cancellation notice issued for non-payment of premium.

By: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines your legal rights under the compulsory insurance law 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](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 in 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.

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.



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 MASSACHUSETTS AUTOMOBILE INSURANCE  
 POLICY**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

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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.

By: Underwriting Department

**Agent:**

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**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines your legal rights under the compulsory insurance law relative to this cancellation.

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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 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](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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 MASSACHUSETTS AUTOMOBILE INSURANCE  
 POLICY**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the cancellation  
 has been given to the insured.)**

**To Lienholder:**

The above policy is cancelled effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

Notices to:



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

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

Policy:  
Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

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:**

**IMPORTANT NOTICE TO POLICYHOLDERS**

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly or work with a licensed insurance agent to obtain new insurance from a company that the 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 Section 113D of Chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.

**To Agents and Brokers**

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

By: Underwriting Department

**Agent:**

**Notices to:**



**VERMONT MUTUAL INSURANCE COMPANY**  
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**NOTICE OF NON-RENEWAL OF  
 YOUR MASSACHUSETTS AUTOMOBILE  
 INSURANCE POLICY**

Policy:  
 Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the non-renewal  
 has been given to the insured.)**

**To Lienholder:**

The above policy is non-renewed effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

**Notices to:**



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
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**800-451-5000**

**STATUTORY NOTICE OF CANCELLATION OF THE**  
**MASSACHUSETTS AUTOMOBILE INSURANCE**  
**VEHICLE LIABILITY POLICY**  
**(CANCELLATION OF ENTIRE POLICY)**  
**(THIS NOTICE ALSO COVERS NON-COMPULSORY**  
**COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the cancellation  
 has been given to the insured.)**

**To Lienholder:**

The above policy is cancelled effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

Notices to:





**VERMONT MUTUAL INSURANCE COMPANY**  
89 STATE STREET - PO BOX 188  
MONTPELIER, VERMONT 05601-0188  
800-451-5000

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

Policy:  
Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

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:**

**IMPORTANT NOTICE TO POLICYHOLDERS**

~~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.~~

~~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 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 Section 113D of Chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.

**To Agents and Brokers**

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

By: Underwriting Department

**Agent:**

**Notices to:**



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

Policy:  
 Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the non-renewal  
 has been given to the insured.)**

**To Lienholder:**

The above policy is non-renewed effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

**Notices to:**



**VERMONT MUTUAL INSURANCE COMPANY**  
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**STATUTORY NOTICE OF CANCELLATION OF THE  
 MASSACHUSETTS AUTOMOBILE INSURANCE  
 VEHICLE LIABILITY POLICY  
 (CANCELLATION OF ENTIRE POLICY)  
 (THIS NOTICE ALSO COVERS NON-COMPULSORY  
 COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:  
 AMOUNT DUE:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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 THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the ~~designated~~ Massachusetts ~~Automobile Insurance Motor Vehicle Liability~~ Policy, ~~herein designated~~, issued to you by the above ~~named~~ 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~~, a 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. A reinstatement notice will be sent to you when we receive your payment. If the payment for the reinstatement is in the form of ~~or~~ a check or draft, or any form of electronic transmissions of funds and the financial institution on which the check, draft or any form of electronic transmission of funds is drawn does not honor it on presentment, the reinstatement will be void as of its inception and your policy will terminate on the date and time shown on the cancellation notice issued for non-payment of premium.

By: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines ~~states~~ 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 number 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, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.~~

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

### **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](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 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 ~~still~~ have the a right to file a written complaint with the Commissioner of Insurance to the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation; ~~or revocation~~ and your license ~~number~~ number plates should not be used on or after ~~the said~~ 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 such Statutory Insurance~~ the insurance will be reinstated, the Registrar will be notified and license number ~~license number~~ plates and a ~~a~~ certificate of registration will again be issued to you.



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
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**STATUTORY NOTICE OF CANCELLATION OF THE  
 MASSACHUSETTS AUTOMOBILE INSURANCE  
 VEHICLE LIABILITY POLICY  
 (CANCELLATION OF ENTIRE POLICY)  
 (THIS NOTICE ALSO COVERS NON-COMPULSORY  
 COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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):**

You are hereby notified that the designated Massachusetts Automobile Insurance ~~Motor Vehicle Liability~~ Policy, ~~herein designated~~, issued to you by the above ~~named~~ 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~~, a 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: Underwriting Department

**Agent:**

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~~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 number 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, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.~~

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

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The filing of such a complaint shall not affect the operation of the cancellation; ~~or revocation~~ and your license ~~number~~ plates should not be used on or after the said 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 such Statutory Insurance will be reinstated, the Registrar will be notified and license number plates and a certificate of registration will again be issued to you.



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**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
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 MASSACHUSETTS AUTOMOBILE INSURANCE  
 POLICY**

Policy:  
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 AMOUNT DUE:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

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By: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines your legal rights under the compulsory insurance law relative to this cancellation.



## **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 be not 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](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 in 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.

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.



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**NOTICE OF CANCELLATION OF THE  
 MASSACHUSETTS AUTOMOBILE INSURANCE  
 POLICY**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:  
 AMOUNT DUE:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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 THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.**

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.

This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation. A reinstatement notice will be sent to you when we receive your payment. If the payment for the reinstatement is in the form of a check or draft, or any form of electronic transmissions of funds and the financial institution on which the check, draft or any form of electronic transmission of funds is drawn does not honor it on presentment, the reinstatement will be void as of its inception and your policy will terminate on the date and time shown on the cancellation notice issued for non-payment of premium.

By: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines your legal rights under the compulsory insurance law 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 be not 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](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 in 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.

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.



**VERMONT MUTUAL INSURANCE COMPANY**  
89 STATE STREET - PO BOX 188  
MONTPELIER, VERMONT 05601-0188  
800-451-5000

**NOTICE OF CANCELLATION OF THE  
MASSACHUSETTS AUTOMOBILE INSURANCE  
POLICY**

Policy:  
Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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):**

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.

By: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines your legal rights under the compulsory insurance law 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 be not 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](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 in 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.

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.



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

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

Policy:  
Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

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:**

**IMPORTANT NOTICE TO POLICYHOLDERS**

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly or work with a licensed insurance agent to obtain new insurance from a company that the 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 Section 113D of Chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.

**To Agents and Brokers**

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

By: Underwriting Department

**Agent:**

**Notices to:**



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**STATUTORY NOTICE OF CANCELLATION OF THE  
 MASSACHUSETTS AUTOMOBILE INSURANCE  
 VEHICLE LIABILITY POLICY  
 (CANCELLATION OF ENTIRE POLICY)  
 (THIS NOTICE ALSO COVERS NON-COMPULSORY  
 COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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):**

You are hereby notified that the designated Massachusetts Automobile Insurance ~~Motor Vehicle Liability~~ Policy, ~~herein designated~~, issued to you by the above ~~named~~ 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~~, a 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: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines ~~states~~ 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 number 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, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.~~

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

### **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 be not 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](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 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 still have the a right to file a written complaint with the Commissioner of Insurance, to the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation; ~~or revocation~~ and your license ~~number~~ plates should not be used on or after the said 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 such Statutory Insurance will be reinstated, the Registrar will be notified and license number plates and a certificate of registration will again be issued to you.





**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**STATUTORY NOTICE OF CANCELLATION OF THE**  
**MASSACHUSETTS AUTOMOBILE INSURANCE**  
**VEHICLE LIABILITY POLICY**  
**(CANCELLATION OF ENTIRE POLICY)**  
**(THIS NOTICE ALSO COVERS NON-COMPULSORY**  
**COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the cancellation  
 has been given to the insured.)**

**To Lienholder:**

The above policy is cancelled effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

Notices to:



**VERMONT MUTUAL INSURANCE COMPANY**  
89 STATE STREET - PO BOX 188  
MONTPELIER, VERMONT 05601-0188  
800-451-5000

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

Policy:  
Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

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:**

**IMPORTANT NOTICE TO POLICYHOLDERS**

~~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.~~

~~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 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 Section 113D of Chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.

**To Agents and Brokers**

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

By: Underwriting Department

**Agent:**

**Notices to:**



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

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

Policy:  
Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the non-renewal  
has been given to the insured.)**

**To Lienholder:**

The above policy is non-renewed effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

**Notices to:**



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**STATUTORY NOTICE OF CANCELLATION OF THE  
 MASSACHUSETTS AUTOMOBILE INSURANCE  
 VEHICLE LIABILITY POLICY  
 (CANCELLATION OF ENTIRE POLICY)  
 (THIS NOTICE ALSO COVERS NON-COMPULSORY  
 COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:  
 AMOUNT DUE:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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 THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the designated Massachusetts Automobile Insurance Motor Vehicle Liability Policy, ~~herein designated~~, issued to you by the above ~~named~~ 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~~, a 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. A reinstatement notice will be sent to you when we receive your payment. If the payment for the reinstatement is in the form of ~~or~~ a check or draft, or any form of electronic transmissions of funds and the financial institution on which the check, draft or any form of electronic transmission of funds is drawn does not honor it on presentment, the reinstatement will be void as of its inception and your policy will terminate on the date and time shown on the cancellation notice issued for non-payment of premium.

By: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines ~~states~~ 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 number 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, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.~~

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

### **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 be not 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](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 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 ~~still~~ have the a right to file a written complaint with the Commissioner of Insurance to the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation; ~~or revocation~~ and your license ~~number~~ number plates should not be used on or after ~~the said~~ 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 such Statutory Insurance~~ the insurance will be reinstated, the Registrar will be notified and license number ~~license number~~ plates and a ~~a~~ certificate of registration will again be issued to you.



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**STATUTORY NOTICE OF CANCELLATION OF THE  
 MASSACHUSETTS AUTOMOBILE INSURANCE  
 VEHICLE LIABILITY POLICY  
 (CANCELLATION OF ENTIRE POLICY)  
 (THIS NOTICE ALSO COVERS NON-COMPULSORY  
 COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:  
 AMOUNT DUE:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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 THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the ~~designated~~ Massachusetts ~~Automobile Insurance Motor Vehicle Liability~~ Policy, ~~herein designated~~, issued to you by the above ~~named~~ 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~~, a 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. A reinstatement notice will be sent to you when we receive your payment. If the payment for the reinstatement is in the form of a check or draft, or any form of electronic transmissions of funds and the financial institution on which the check, draft or any form of electronic transmission of funds is drawn does not honor it on presentment, the reinstatement will be void as of its inception and your policy will terminate on the date and time shown on the cancellation notice issued for non-payment of premium.

By: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines ~~states~~ 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 number 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, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.~~

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

### **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 be not 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](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 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 ~~still~~ have the a right to file a written complaint with the Commissioner of Insurance to the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation; ~~or revocation~~ and your license ~~number~~ plates should not be used on or after the said 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 such Statutory Insurance will be reinstated, the Registrar will be notified and license number plates and a certificate of registration will again be issued to you.





**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS AUTOMOBILE INSURANCE VEHICLE LIABILITY POLICY**  
**(CANCELLATION OF ENTIRE POLICY)**  
**(THIS NOTICE ALSO COVERS NON-COMPULSORY COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**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):**

You are hereby notified that the designated Massachusetts Automobile Insurance ~~Motor Vehicle Liability~~ Policy, ~~herein designated~~, issued to you by the above ~~named~~ 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~~, a 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: Underwriting Department

**Agent:**

**Notices to:**

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information on the reverse side which outlines ~~states~~ 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 number 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, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitles you to a hearing before the Board.~~

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

### **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 be not 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](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 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 still have the a right to file a written complaint with the Commissioner of Insurance, to the Board of Appeal on Motor Vehicle Liability Policies and Bonds, c/o Commissioner of Insurance, One South Station, Boston, MA 02110 on a printed form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation; ~~or revocation~~ and your license ~~number~~ plates should not be used on or after the said 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 such Statutory Insurance will be reinstated, the Registrar will be notified and license number plates and a certificate of registration will again be issued to you.



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

**STATUTORY NOTICE OF CANCELLATION OF THE**  
**MASSACHUSETTS AUTOMOBILE INSURANCE**  
**VEHICLE LIABILITY POLICY**  
**(CANCELLATION OF ENTIRE POLICY)**  
**(THIS NOTICE ALSO COVERS NON-COMPULSORY**  
**COVERAGES)**

Policy:  
 Date of Notice:

Effective date of cancellation at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the cancellation  
 has been given to the insured.)**

**To Lienholder:**

The above policy is cancelled effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

Notices to:



**VERMONT MUTUAL INSURANCE COMPANY**  
**89 STATE STREET - PO BOX 188**  
**MONTPELIER, VERMONT 05601-0188**  
**800-451-5000**

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

Policy:  
Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

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:**

**IMPORTANT NOTICE TO POLICYHOLDERS**

~~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.~~

~~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 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 Section 113D of Chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond as surety.

**To Agents and Brokers**

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

By: Underwriting Department

**Agent:**

**Notices to:**



**VERMONT MUTUAL INSURANCE COMPANY**  
89 STATE STREET - PO BOX 188  
MONTPELIER, VERMONT 05601-0188  
800-451-5000

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

Policy:  
Date of Notice:

Policy Expiration Date at 12:01 A.M:

Mail To:

Insured's Name and Address:

Autos on Policy:				
Registration No.				
V.I. Number				

**(Specific information concerning the non-renewal  
has been given to the insured.)**

**To Lienholder:**

The above policy is non-renewed effective on or after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

By: Underwriting Department

**Notices to:**