



Since 1828

VERMONT MUTUAL INSURANCE COMPANY
89 STATE STREET - PO BOX 188
MONTPELIER, VERMONT 05601-0188
800-231-7820

NOTICE OF CANCELLATION OF THE
MASSACHUSETTS AUTOMOBILE INSURANCE
POLICY

Date of Notice:

Table with 3 columns: Policy Number, Policy Type, Policy Period

Effective Date and Time of Cancellation

12:01 A.M. Standard Time

Mail To:

Invoice was due by
Past Due
Next Installment Due
Late Payment Fee Due
Current Amount Due

Insured's Name and Address:

To Pay in Full

Table with 4 columns: Autos on Policy, Registration No., V.I. Number, and an empty column

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 current 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.

Agent:

By: Underwriting Department

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/doj or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

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

RIGHT OF APPEAL AFTER CANCELLATION

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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Effective Date and Time of Cancellation

12:01 A.M. Standard Time

Mail To:

Invoice was due by
 Past Due
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Insured's Name and Address:

To Pay in Full

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

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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				

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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. 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.

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Please detach and return bottom portion with your payment. Please do not staple check to bill stub.

Please make check payable to - VERMONT MUTUAL INSURANCE CO, PO Box 133, Brattleboro, VT 05302-0113
Visit www.vermontmutual.com to make an EFT payment.

Policy Number:
Policy Period:

Change of address:

Named Insured:

Cancellation Date:

To Pay In Full: \$

Minimum Amount Due: \$