



**COMMONWEALTH OF MASSACHUSETTS  
Office of Consumer Affairs and Business Regulation  
DIVISION OF INSURANCE**

1000 Washington Street, Suite 810 • Boston, MA 02118-6200  
(617) 521-7794 • Toll-free (877) 563-4467  
<http://www.mass.gov/doi>

**CHARLES D. BAKER**  
GOVERNOR

**KARYN E. POLITO**  
LIEUTENANT GOVERNOR

**JAY ASH**  
SECRETARY OF HOUSING AND  
ECONOMIC DEVELOPMENT

**JOHN C. CHAPMAN**  
UNDERSECRETARY OF CONSUMER AFFAIRS  
AND BUSINESS REGULATION

**DANIEL R. JUDSON**  
COMMISSIONER OF INSURANCE

**CANCELLATION COMPLAINT**

To The Commissioner of Insurance of said Commonwealth:

I hereby allege that \_\_\_\_\_ Company, or its agent, has  
*(name of your Insurance Company)*  
issued a written notice of cancellation effective the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
*(year)* *(day)* *(month)*  
of motor vehicle liability policy number \_\_\_\_\_, covering a motor vehicle or  
*(policy number)*  
trailer bearing a registration number \_\_\_\_\_, issued to me by the said  
*(registration number)*  
company, that a cancellation of said policy is invalid or improper and unreasonable and that I  
have not secured a certificate of insurance, as defined in Section 34A of Chapter 90 of The  
General Laws, as amended, from any other company covering said motor vehicle or trailer.

Wherefore, being aggrieved by the issue of the said notice or the cancellation of said  
policy, I hereby make **COMPLAINT** against the aforesaid insurance company under Section  
113D of Chapter 175 of the General Laws, as amended, and pray that this complaint be referred  
to the Board of Appeal on Motor Vehicle Liability Policies and Bonds and that said Board annul  
the cancellation of, or reinstate the said policy.

**You must attach your company's cancellation notice.**

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Print Full \_\_\_\_\_ name \_\_\_\_\_  
\_\_\_\_\_ Driver license  
number \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Day Phone \_\_\_\_\_

By: **Daniel R. Judson**  
Commissioner of Insurance

\_\_\_\_\_ Date received by The Board of Appeal

**SEE REVERSE SIDE FOR IMPORTANT INFORMATION & INSTRUCTIONS**

**PLEASE READ THIS IMPORTANT INFORMATION**

**Mail Cancellation Complaint to:**

**or**

**Division of Insurance/Board of Appeal  
1000 Washington Street  
Boston, Ma 02118-6200  
Attn: Maria Silva**

**Fax to: (617) 521-7539**

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- ◆ A complaint must be filed **before the cancellation date** or the cancellation will take effect.
- ◆ A complaint may be filed **within 10 days** after the effective cancellation date on the notice issued by your company; however, the cancellation will still take effect.
- ◆ A complaint **may not** be filed if a policy has been secured from another Insurance Company.
- ◆ A complaint **may not** be filed for non-payment of premium on a registered taxicab, or fleet of taxicabs.
- ◆ A complaint **may not** be filed on a cancellation of a policy effected by a Finance Company.
- ◆ This Form **may not** be used in case of a refusal of a company to issue or renew existing policy.

**You must provide the name and address of your insurance agent, (if any):**