



COMMONWEALTH OF MASSACHUSETTS

Board of Appeal on Motor Vehicle Liability & Bonds

1000 Washington Street, Suite 810 • Boston, MA 02118-6200
(617) 521-7794 • Toll-free (877) 563-4467

<https://www.mass.gov/the-board-of-appeal>

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____,
(day) (month) (year)
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 _____ Phone _____

Email _____

By: **GARY D. ANDERSON**
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

- ◆ 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):**