



**PLEASE READ THIS IMPORTANT INFORMATION**

**Mail Cancellation Complaint to:**

**or**

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

**Division of Insurance/Board of Appeal  
One Federal Street  
Boston, MA 02110-2012  
Attn: Maria Silva**

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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):**