

## **COMMONWEALTH OF MASSACHUSETTS**

## **Board of Appeal on Motor Vehicle Liability & Bonds**

One Federal Street, Suite 700 • Boston, MA 02110-2012 (617) 521-7794 • Toll-free (877) 563-4467 https://www.mass.gov/the-board-of-appeal

## **CANCELLATION COMPLAINT**

To The Commissioner of						
I hereby allege tha	t			Company	y, or its agent, l	nas
issued a written notice	name o) of cancellation eff	f your Insurance ( Sective the	Company)	day of	20	
issued a written notice	of cancenation cir	(d	lay)	_ day 01 (month)	20 (year)	
of motor vehicle liability	v policy number			covering	a motor vehicl	le or
		(policy numbe	er)	•	1 .1 .1	
trailer bearing a registra	tion number	(vagistuation v	······································	, issued to m	e by the said	
company, that a cancella	ation of said polic	y is invalid or	imprope	r and unreaso	onable and that	: <b>I</b>
have not secured a certif	icate of insurance	e, as defined in	Section	34A of Chap	oter 90 of The	
General Laws, as amend	led, from any othe	er company co	vering sa	aid motor vel	nicle or trailer.	
Wherefore, bein	g aggrieved by the	e issue of the s	aid notic	e or the canc	ellation of said	i
policy, I hereby make C	OMPLAINT aga	inst the afores	aid insu	rance compai	ny under Section	on
113D of Chapter 175 of	the General Laws	s, as amended,	and prag	y that this co	mplaint be refe	rred
to the Board of Appeal	on Motor Vehicle	Liability Police	cies and	Bonds and th	at said Board a	ınnul
the cancellation of, or re	instate the said po	olicy.				
You m	ust attach you	r company'	s cance	ellation not	tice.	
Date this	day of		20			
Print Full name						
Driver license number		<b>]</b>	ров			
Address		City		State	Zip	-
Signature		Phoi	ne			
Email						
By: MICHAEL T. CA	LJOUW					
Commissioner of Insura	nce	Date received by The Board of Appeal				

SEE REVERSE SIDE FOR IMPORTANT INFORMATION & INSTRUCTIONS

## PLEASE READ THIS IMPORTANT INFORMATION

Mail Cancellation Complaint to: Division of Insurance/Board of Appeal

One Federal Street Boston, MA 02110-2012

Attn: Maria Silva

Fax to: (617) 521-7539

or

♦ 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):