

NOTICE OF CANCELLATION OF INSURANCE

Filed with the Washington Metropolitan Area Transit Commission
(hereinafter called Commission)

This is to advise that Policy No. _____ issued to

_____, _____, of
(WMATC No.) (Motor Carrier Name)

_____, by
(Motor Carrier Address)

_____, of
(Insurance Company Name)

_____,
(Insurance Company Home Office Address)

including any and all endorsements forming a part thereof or certificates issued in connection therewith, is hereby cancelled, effective as of the _____ day of _____, 20_____, 12:01 a.m., Eastern Standard Time or 30 days after receipt of this Commission, whichever is later.

This Notice of Cancellation issued this _____ day of _____, 20_____,

by _____, _____
(Business Name of Authorized Company Agent) (Complete Business Address)

_____ by _____
of Authorized Company Agent (Name of Authorized Company Agent)

(Signature)

NOTE: Form of Reinstatement of Insurance. A reinstatement of insurance which has been cancelled shall be accomplished by the filing of a new certificate of insurance in the form prescribed by the Commission.

FILE THIS FORM WITH:

Washington Metropolitan
Area Transit Commission
8701 Georgia Avenue, Suite 808
Silver Spring, MD 20910-3700