

# 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

\_\_\_\_\_  
(Name of Motor Carrier)

\_\_\_\_\_  
(Address of Motor Carrier)

\_\_\_\_\_  
(Name of Insurance Company)

\_\_\_\_\_  
(Address of Home Office of Insurance Company)

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