

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