

PRESIDENT

Commonwealth Automobile Reinsurers

225 Franklin Street Boston, Massachusetts 02110 www.commauto.com 617-338-4000

AUTHORIZATION TO CERTIFY MOTOR VEHICLE INSURANCE COVERAGE

The	
being duly authorized under Chapter 175 of insurance producer licensed to sell, solicit an	gency's Legal Name) the General Laws of the Commonwealth of Massachusetts as an d negotiate insurance, and further certified as an Assigned Risk mobile Insurance Plan (MAIP) pursuant to the Commonwealth ation, hereby
(please check the applicable box)	
O grants	revokes
this limited durable power of attorney, authori	zing the following individual(s):
Name of Employee (Print)	Name of Employee (Print)
Employer	Employer
Office Location (Town)	Office Location (Town)
insurance coverage for risks assigned to an	p provided to the ARP by CAR, the existence of motor vehicle Assigned Risk Company by CAR. Such authority is extended Massachusetts Automobile Insurance Plan and produced in the tent with the insurance agency.
This instrument shall be effective upon receipagent with notice to CAR.	pt by CAR. A grant of authority continues until revoked by the
Name - Print full name of agent as licensed	Email
Title	
Signature	

(Completed and signed forms may be faxed to the Residual Market Service Department at 617-880-7298).