

FORM K

UNIFORM NOTICE OF CANCELLATION OF MOTOR CARRIER INSURANCE POLICIES

(Execute in Triplicate)

Check Type Cancelled

BI and PD ☐

Cargo ☐

Filed with _____ (hereinafter called Commission)
(Name of Commission)

This is to advise that under the terms of a policy or policies issued

to _____
(Name of Motor Carrier)

of _____
(Address of Motor Carrier)

by _____
(Name of Company)

of _____
(Address)

said policy or policies, including any and all endorsements forming a part hereof or certificates issued in connection therewith, is (are) hereby cancelled effective as of the _____ day of _____, _____, 12:01 A.M., standard time at the address of the Insured as stated in said policy or policies provided such date is not less than thirty (30) days after the actual receipt of this notice by the Commission.

Signature of Insurer

Insurance Company File No. _____
(Policy Number)