

NOTICE OF CESSION

new cession _____
renewal _____
endorsement _____

A. MEMBER INFORMATION

Member Name: _____ NAIC Code

Address: _____ City: _____ State: _____ Zip: _____

Person to contact: _____ Internal mail stop # _____
Telephone: _____ Fax: _____ E mail _____

Cedes the following policy in accordance with Massachusetts Chapter 330 of the Acts of 1994, the Plan of Operation and the Rules of Operation, as amended to date. We represent there is no notice nor knowledge of claim against this policy.

B. INSURED INFORMATION

Insured's name _____
Insured's license # _____

C. POLICY INFORMATION

Member's policy # _____ ISO classification code * _____
*if the company uses other than ISO include a copy of the classifications.

Attach copy of declaration page. yes Requested effective cession date _____

Total Premium \$ _____ Premium remitted \$ _____ Installments* yes_ no_
*if yes attach copy of installment policy.

RECEIPT AND EFFECTIVE DATE OF CESSION

The MMMRP acknowledges receipt of the above ceded policy.

Reinsurance is effective as of _____.

In future correspondence refer to MRP policy # _____

MRP-1
7-5-2018

Name and Title