

**Montana Highway Patrol
Certificate of Insurance
Montana Intrastate Commercial Tow Truck Operations Cancellation**

Producer _____ Insured's Name _____
 Mailing Address _____ Business Name _____
 City, State, Zip _____ Mailing Address _____
 Phone _____ City, State, Zip _____
 Phone _____
 Tax Payer ID No. _____

This is to advise that under the terms of a policy or policies issued to the above-referenced insured by the referenced insurance company or companies, including all endorsements forming a part thereof is (are) hereby cancelled effective 12:01 a.m., standard time at the address of the Insured, as stated in said policy or policies, on the date indicated below, provided such date **is not less than 30 days after the actual receipt of this notice by the Montana Highway Patrol, 3615 Wynne Ave., Butte, MT 59701**

INSURANCE COMPANY NAME	KIND OF INSURANCE	POLICY NUMBER	DATE CANCELLATION EFFECTIVE
	Motor Vehicle Liability		
	Premises Liability		
	Garage Keeper's/On-Hook Legal Liability		
	Cargo/Property		

This cancellation certificate is not valid unless countersigned by an authorized representative of the companies represented above.

Authorized Company Representative _____ Dated _____

NOTE: Cancellation of any portion of the coverage shown above will result in the prohibition of the Insured to conduct commercial tow operations. Upon receipt of a new HQ MV-5C reflecting all required insurance coverage as specified in 61-9-416, the Insured can return to commercial operations.