## POWER OF ATTORNEY TO CANCEL INSURANCE

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Name of Insured

Name of Broker

Address

(hereinafter Broker) as my attorney in fact with full authority to cancel any policy of insurance, including renewals, for nonpayment of the premium owing by me to the Broker, issued by the Massachusetts Property Insurance Underwriting Association on property located at:

Address of Insured Property

and to receive all unearned or return premium due thereon upon such cancellation.

I hereby authorize the Massachusetts Property Insurance Underwriting Association to cancel such insurance policy or renewals upon the written request of the Broker, to notify any mortgagee or loss payee named therein of such cancellation, and to return any unearned or return premium on such policy or renewal to the Broker. MPIUA shall have no obligation to inquire into the reasons for such request for cancellation or to honor a request for reinstatement of such policy or renewal.

Such Power of Attorney shall be effective until such time as the Power is revoked in writing by the insured and received by the Massachusetts Property Insurance Underwriting Association.

Witness my hand and seal this	day of		,
	,	Month	Year

Policy Number, if available

Witness

Name of Insured

Address

MUA-UND-117 (03/00)