



STATE OF CONNECTICUT

Department of Motor Vehicles
60 State Street, Wethersfield, CT 06161
On the Web at ct.gov/dmv



SUSPENSION OF MOTOR VEHICLE REGISTRATION

Mailing Date:

Plate Number:

VIN:

Year: Make:

Model:



NOTICE:	Effective September 24, 2016 your motor vehicle registration and your registration privileges are suspended.
REASON:	Failure to continuously maintain liability insurance on a registered vehicle. Esurance Insurance Company has notified the Department of Motor Vehicles that your insurance coverage was cancelled on May 11, 2016 and the vehicle has not been reinsured.
YOU MUST:	<ol style="list-style-type: none">1. Not drive this vehicle after the suspension date. You cannot obtain a new or renewal registration for any vehicle.2. Not drive your vehicle without minimum automobile liability insurance. All registered vehicles require minimum insurance coverage.
YOU MAY:	<ol style="list-style-type: none">1. Meet one of the five (5) conditions on the back of this notice. Please provide the information requested and, if it is acceptable, your case will be closed. OR2. Contest this action by requesting a hearing no later than September 24, 2016. Contact Insurance Compliance at (860) 263-5725. The hearing will be limited to two (2) issues:<ol style="list-style-type: none">a. Was the vehicle registered to you when the insurance was cancelled?b. Did you continuously maintain insurance throughout the registration period?OR3. Enter into a consent agreement and pay a \$200.00 Civil Penalty under Connecticut General Statute section 14-12g. Please read, sign, and mail the Consent Agreement form below no later than ten (10) days before the suspension date.
WARNING:	You must not drive this vehicle after the suspension date. The police will be notified of this suspension. If you drive this vehicle after the suspension date you will be subject to law enforcement action.
PLEASE NOTE:	Insurance Compliance cases are processed by mail only. Documents and/or correspondence should be addressed to: DEPARTMENT OF MOTOR VEHICLES INSURANCE COMPLIANCE UNIT 60 STATE STREET WETHERSFIELD, CT 06161-4020 Telephone: 860-263-5725

DO NOT SEND CASH

CONSENT AGREEMENT

DO NOT SEND CASH

Check list: \$200.00 Enclosed Signed Consent Agreement Copy of Insurance Card / Declaration Page Plate Receipt

To Cancel Plate: check this box and also whether the plates were lost or stolen

The respondent, without the admission of wrongdoing of any nature, whether criminal or civil, or by commission or omission, does not desire to contest the matter and agrees to waive the right to seek judicial review of the Consent Agreement and resulting order. Such Consent Agreement shall have the same force and effect as an order entered after a full hearing and shall be final when executed. The respondent stipulates that he/she will maintain continuous insurance coverage for the balance of the registration period.

Respondent's Name:

Signature Required

Date Signed

IF ANY OF THE CONDITIONS BELOW OCCURRED PRIOR TO OR ON THE INSURANCE CANCELLATION DATE INDICATED ON THE
ATTACHED DOCUMENT, PLEASE PROVIDE THE REQUESTED DOCUMENTATION. If this information can be substantiated, you
will not be required to sign the Consent Agreement or pay the \$200.00 fine

1. **If you have continuously maintained insurance or had a lapse in coverage for less than 14 days:**
 - If you have changed insurance companies. Mail a clear copy of your declarations page or permanent insurance card.
 - If the documents you are submitting are from the same insurance company that reported you, a letter from the insurance company substantiating continuous coverage from the reported drop date is required.
 - In both of these cases - the named insured on the insurance policy and the registration must be the same.
2. **If you transferred the marker plates to another vehicle before or on the reported insurance drop date:**
 - Mail a clear copy of your current registration.
3. **If you moved and registered your vehicle in another state before or on the reported insurance drop date:**
 - You are required to cancel your CT registration by returning the marker plates, or complete a form stating the plates were lost or stolen.
 - You must also enclose a copy of your new registration and insurance card.
4. **If you no longer own the vehicle in question please provide one of the following:**
 - A copy of the bill of sale, trade in document, or a copy of the front and back of Title, properly assigned.
 - A repossession document.
 - A junk receipt, or proof the vehicle was totaled.
 - These documents must have a date prior to the reported insurance drop date.
 - If the plates were not transferred to another vehicle or returned or put on hold, you must return them to any DMV office and obtain a receipt.
5. **If the registered owner is deceased please provide:**
 - A copy of a death certificate or obituary notice.
 - Information regarding the current location of the marker plates.