

Massachusetts Division of Insurance
Attention: Diane Senkel, Legal Department
1 South Station
Boston, MA 02110-2212

Fax to: **617-521-7772**

Today's Date: _____

Name: _____

MA Driver's License Number: _____

Date of Accident: _____

Surcharge Appeal on: _____

Dear Ms. Senkel,

I was driving a 200__ Toyota _____ (VIN # _____)
when I was involved in an accident. I believe the cause of the accident was a stuck
accelerator pedal. The vehicle that I was driving is subject to a recall. Based upon this,
I want to again appeal the surcharge that I received.

Please review this matter and advise me accordingly.

Thank you,

Attachments (if available)

- Original surcharge appeal denial
- Copy of recall document