

# Title Correction Form



**To complete this form by hand:**

- 1 Print all pages of the form.
- 2 Complete the form by filling in each space with black or blue ink. Do not use pencil.
- 3 When finished, have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.



**To complete this form electronically:**

- 1 Save this writable PDF to your computer, then open it using Adobe's Acrobat Reader.
- 2 Complete the form by typing in each field and/or checking the appropriate buttons. *Tip: you can tab from field to field.*
- 3 When finished, save and print the form and have your signature notarized before mailing the form to Plymouth Rock's Claims Department at the address provided at the end of the form.

Or



**Complete this form to the best of your knowledge and belief. DO NOT GUESS at any answers. If you don't know the answer to a question, leave that field blank. Please call your Claim Representative if you need help.**

**CLAIM NUMBER**

(12-digit number)

**To be completed in the event that you incorrectly endorse your Massachusetts vehicle title.**

To Whom It May Concern:

I, the undersigned, have incorrectly endorsed my Massachusetts Certificate of Title \_\_\_\_\_  
Title Number

In error, I inadvertently:

- signed in the Scrapped, Dismantled, or Destroyed Vehicle section.
- defaced, altered, or made erasures in the **Assignment of Certificate of Title by Owner** of the title.
- signed in the Lien Release section.
- other \_\_\_\_\_

The proper assignment should have been placed in the Assignment of Certificate of Title by Owner section.



Signature **(To be signed in the presence of a Notary Public.)**

Print name

Date

**YOUR SIGNATURE MUST BE NOTARIZED.**

Please bring this form to a Notary Public. Sign on the line above in their presence and have your signature notarized.

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identity, being in this instance \_\_\_\_\_, and acknowledged to me that he/she signed the foregoing voluntarily and for its stated purpose.

Notary Public Signature: **X** \_\_\_\_\_ My Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Return This Form To**

**Claims Department**  
 Plymouth Rock Assurance Corporation, PO Box 9112, Boston, MA 02112-9112

*Thank you.*