

Name and address of Insured

Insured Name
 Insured's Mailing Address
 Insured's Mailing City , Insured's Mailing State
 Insured's Mailing Zip Code

Effective Date Effective Date

Policy no. Policy Number

Issued by

Issuing Company

a stock insurance company

incorporated in Issuing Company State

Policy period Inception Date to Expiration Date

If you have any questions, please contact

Name

Street Address

City , State Zip Code

Telephone Number

IMPORTANT NOTICE TO ALL INSURED, INCLUDING SENIOR CITIZENS THIRD PARTY DESIGNATION NOTIFICATION

State law permits named insureds to designate a third party (called a "Designee") to whom we will send a duplicate copy of certain notices (such as policy cancellation or nonrenewal notices to the extent specified by state law), that we issue to you for your policy number shown above. **Please note:** Naming of a "Designee" is **NOT** necessary if you do not want anyone else receiving policy notices.

If you are naming a "Designee", please complete this form according to the following instructions:

1. Print the "Designee's" name and address;
2. Sign and date this form; and
3. Have your "Designee" sign and date it.

The types of duplicate policy notices your "Designee" will receive are listed on the back of this form.

Request To Designate a Third Party for Receipt of Duplicate Policy Notices

I designate the following person to receive a copy of any notice, according to state law, that you might send me for the policy number shown above, such as policy cancellation or nonrenewal notices.

Name of "Designee" (print): _____

Street (print): _____

City (print): _____ State: _____ Zip: _____

Signature of Insured _____

Date _____

I accept the designation above. I understand my designation as a third party shall not constitute acceptance of any liability on my part or the insurer for services provided to the insured. If I decide to terminate my designation, I must provide written notice to both the insured and the insurer.

Signature of Third Party "Designee" _____

Date _____

To return your completed "Request to Designate a Third Party", please see the "Return Instructions" on the back of this form. Please return this entire form.

What types of policy notices will the "Designee" receive for this policy?

- For **California** policies, duplicates of notices of cancellation, nonrenewal, expiration, lapse, or termination for nonpayment of premium.
- For **Connecticut** policies, duplicates of notices of cancellation or nonrenewal.
- For **New Jersey** or **New York** policies, duplicates of notices of cancellation, nonrenewal, or conditional renewal.

Return Instructions: If you are designating a third party as "Designee", please return your completed "Request to Designate a Third Party" to us using one of these methods:

For New Jersey and New York policies: state law requires that you return your completed request by certified mail, return receipt requested.

Mail to:

Chubb Personal Risk Services Operations
Attention: MP Processing
PO Box 1600
Whitehouse Station, NJ 08889-1600

For all other states, the following options are also available for return:

Email: myforms@chubb.com

Subject Line: (include your policy number)

(This email address cannot respond to inquiries.)

OR

Fax: 1-888-684-2200

- The third party designation will become effective no later than ten (10) business days after we receive the completed form signed by both you and your "Designee".
- You may terminate the third party designation at any time by sending written notification to us. The policy number must be included in your request.
- This designation will remain in effect for the policy until you or your "Designee" requests a change to the Third Party Designation.
- Keep a copy of the completed form for your records.