

**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

**THIRD PARTY DESIGNATION  
INFORMATION ON FILE**

This notification is to advise you of the current information we have on file for the Third Party Designation applicable to your policy number shown above. You previously requested this individual to be your "Designee" to receive duplicate notices that we may send for your policy.

Please review the current "Designee" mailing address below for accuracy. If you want to update the address for your "Designee", please complete SECTION I. If you want to delete the "Designee", please complete SECTION II.

Otherwise, no action is needed.

**Name of "Designee":** Designee Name

**Street:** Designee Address

**City:** Designee City

**State:** Designee State

**Zip:** Designee Zip Code

**SECTION I. Update Mailing Address for the "Designee" for this policy.**

☐ I want to update my "Designee" ADDRESS information as follows:

Street (print): \_\_\_\_\_

City (print): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

**To return this form, please see the "Return Instructions" on the back of this form.**

**SECTION II. Delete the "Designee" for this policy.**

- ☐ I want to delete the "Designee" shown above for this policy.
- ☐ I also want to add a new "Designee" for this policy. Please send me a form I will need to complete with the new "Designee".

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

**What types of policy notices does a "Designee" receive?**

- 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 updating address information for your "Designee" or deleting your "Designee", please return the entire completed "Third Party Designation Information On File" Form to us using one of these methods. Keep a copy of this completed form for your records. We will send you an acknowledgement of this update.

**Mail to:**

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

OR

**Email:** myforms@chubb.com

**Subject Line:** (include your policy number)

(This email address cannot respond to inquiries.)

OR

**Fax:** 1-888-684-2200