

## Senior Third-Party Notification Application

NJM Insurance Group  
Attn: Policy Audit Department  
301 Sullivan Way  
West Trenton, NJ 08628

If a senior citizen is concerned about understanding critical insurance notices or being able to act quickly, the NJM Insurance Group can provide copies of such notices to a relative, friend or other designated person. Policyholders age 62 or older may designate such "third-party recipients" to receive copies of any cancellation, nonrenewal or conditional renewal notice for personal lines insurance coverages.

*Please complete and return this form to NJM.*

*Contact NJM Insurance Group customer service at 1-800-232-6600 if you have any questions.*

Senior policyholder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Auto policy number \_\_\_\_\_ Homeowners policy number \_\_\_\_\_

Flood policy number \_\_\_\_\_ Umbrella policy number \_\_\_\_\_

***I designate the individual named below to receive copies of notices of cancellation, nonrenewal and conditional renewal of my personal lines insurance policies noted above.***

Signature of senior policyholder \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Name of third-party designee \_\_\_\_\_ Date of Birth \_\_\_\_\_

Designee's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

***I agree to receive copies of notices of cancellation, nonrenewal and conditional renewal relating to the personal lines insurance policies noted above on behalf of the senior policyholder. I understand that if I desire to terminate my status as a third-party designee, I must provide written notice to both the NJM Insurance Group and the senior insured.***

Designee's signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The same designee must be used for *all NJM Insurance Group policies* held by the insured senior citizen seeking third-party notification. **Applications for notification must be made by certified mail, return-receipt requested**, and 10 business days must be allowed for requests to be activated. Only notices of cancellation, nonrenewal or conditional renewal are affected by this provision. Copies of such notices will be sent to the designee. The originals of such notices of cancellation, nonrenewal or conditional renewal will continue to be sent to the senior policyholder.