

**Third-Party Designee Option 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 by **certified mail, return-receipt requested**. If you need assistance with completing this form, please contact us at 1-800-232-6600, ext. 4511.

**1. NAMED INSURED'S INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Active NJM Insurance Group Policy Numbers:**

Auto: \_\_\_\_\_ Homeowners: \_\_\_\_\_ Umbrella: \_\_\_\_\_

Flood: \_\_\_\_\_ Dwelling: \_\_\_\_\_ Additional: \_\_\_\_\_

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

Named Insured's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. THIRD PARTY DESIGNEE'S INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*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 policyholder referenced above. I understand that if I desire to terminate my status as third-party designee, I must provide written notice to both the policyholder referenced above and NJM Insurance Group.*

Third Party Designee's signature: \_\_\_\_\_ Date: \_\_\_\_\_