CALLICOON COOPERATIVE INSURANCE COMPANY

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Organized 1878

15 Chapel Street
PO Box 675
Jeffersonville NY 12748
(845) 482-5522
www.callicooncoop.com

IMPORTANT NOTICE TO SENIOR CITIZENS
THIRD PARTY NOTIFICATION

If you are a named insured and age sixty-five (65) or older, New York law permits you to designate a third party to whom we will send a duplicate copy of any cancellation or nonrenewal notice issued to you for your homeowner's or other personal lines insurance policy.

If you are interested in designating someone to receive such duplicate notices, you must discuss this with them and obtain their approval. Complete the lower portion of this form by:

1. Entering the third party's name and address;

2. Signing and dating this form;

3. Having the third party sign and date it; and

4. Returning it to:

Callicoon Cooperative Insurance Company
PO Box 675
Jeffersonville, NY 12748
info@callicooncoop.com

Keep a copy of the completed form for your records. 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 the third party designee. You may terminate the third party designation by sending written notification to the designated third party and us or by email to info@callicooncoop.com.

Request To Designate A Third Party To Receive A Copy Of Policy Termination Notices

Insured's Name:_____

Address:_____

Email:_____

Callicoon Cooperative Insurance Policy Number(s):_____

_____

I designate the following person to receive a duplicate copy of any cancellation or nonrenewal notice that you might send me for the policy number(s) shown above.

Name:_____

Address:_____

Email:_____

_____   _____
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 senior citizen insured. If I decide to terminate my designation, I must send written notification to both the insured and the insurer.

_____   _____
Signature of Third Party Designee   Date