IMPORTANT NOTICE THIRD PARTY NOTIFICATION

If you are a named insured, Connecticut 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 automobile and/or homeowner's policies.

If you are interested in designating someone to receive such duplicate notices, you should 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 including a third party email address if agreed to between the parties;
- 2. Signing and dating this form;
- 3. Having the third party sign and date it; and
- 4. Returning it to:

Openly LLC 131 Dartmouth Street, 3rd floor Boston, MA 02116

service@openly.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.

Request To Designate a Third Party to Receive a Copy of Policy Termination Notices	
Insured's Name Address	Policy Number Check Policy Type: Homeowners Automobile
I designate the following person to receive a duplic you might send me for the policy number shown ab	cate copy of any cancellation or nonrenewal notice that pove.
Name: Street: State: 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 send written notification [by certified mail, return receipt requested,] to both the insured and the insurer.	
Signature of Third Party Designee	Date