

**CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN
CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM
THIRD PARTY DESIGNEE FORM**

CURRENT POLICY INFORMATION

Named Insured _____

Mailing Address _____

Assignment Number (If known) _____ Policy Number (If known) _____

Name of Insurer (If known) _____

Policy Issued on behalf of (Check One)

☐ **CA Automobile Assigned Risk Plan**

☐ **CA Low Cost Automobile Insurance Program**

Producer Name _____

License No. _____ Telephone No. _____

SELECTION OF THIRD PARTY DESIGNEE

You have the right to designate a third party, such as a relative or friend, to receive notices of lapse, termination, expiration, nonrenewal, and cancellation for nonpayment of premium you may receive for your auto policy. Notices sent to a third party are in addition to those provided to you and your producer of record. If, at a later time, you want to change or discontinue the designated third party, or if your third party designee has a change of address, you must advise your producer.

If you wish to designate a third party, you must complete this form. The form must be signed and dated by you and returned to your producer. The completed signed form will be sent by the producer to the insurer providing your insurance coverage.

I hereby designate _____ (Name of Third Party) to receive notices of lapse, termination, expiration, nonrenewal, and cancellation for nonpayment of premium sent to me by the assigned insurer for this policy.

Address of Designated Third Party

Signature of Insured

Date