



Dryden Mutual Insurance Company

P.O. Box 635
Dryden, New York 13053-0635
607-844-8106 / 800-724-0560
607-257-0312 (fax)

NOTICE TO SENIOR CITIZENS

OPTION TO DESIGNATE A THIRD PARTY TO BE NOTIFIED IN THE EVENT OF...

You have the option to designate a third party to **also** be notified in the event we send you a notice of cancellation, non-renewal or conditional renewal. You must be the name insured on your policy and be 65 years of age or older. Copies of any such notices will be sent to **both** you and the person you designate.

If you are 65 or older and elect to designate a third party, please complete the information below and return it to our office by **CERTIFIED MAIL**, return receipt requested.

Your Policy Number: _____ Today's Date: _____

Your Name: _____

Third Party Designee:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Your Signature: _____

Third Party Signature: _____

THIS OPTION IS PROVIDED IN ACCORDANCE WITH NEW YORK STATE INSURANCE LAW A.6891-B, CHAPTER 930, SECTION 3111

Location: 12 Ellis Drive, Dryden, New York 13053-9633
underwriting@drydenmutual.com / claims@drydenmutual.com
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