

Third Party Designation for Maine

You may designate one or more person(s) to receive copies of any notices sent to you advising you that your policy will terminate due to nonpayment of premium. Please complete this form with the contact information for anyone you wish to designate.

Your Name:	Policy Number:
Designation(s):	
Name:	
Address:	
Telephone:	
Name:	
Address:	
Telephone:	

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