



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Bulletin PC-89

July 23, 2019

TO: ALL PROPERTY & CASUALTY INSURERS AUTHORIZED FOR PERSONAL LINES INSURANCE PRODUCTS

RE: PUBLIC ACT. No. 19-125 – AN ACT CONCERNING THE INSURANCE DEPARTMENT’S RECOMMENDED CHANGES TO THE INSURANCE STATUTES, INSURANCE PLANS PROCURED BY THE COMPTROLLER AND RETIREMENT PLANS

This Bulletin is intended to update Bulletin PC-83 dated January 13, 2017 as a result of changes made by Public Act No. 19-125, **AN ACT CONCERNING THE INSURANCE DEPARTMENT’S RECOMMENDED CHANGES TO THE INSURANCE STATUTES, INSURANCE PLANS PROCURED BY THE COMPTROLLER AND RETIREMENT PLANS** (the “Act”), *effective July 1, 2019*.

The Act amends section 38a-323a of the Connecticut General Statutes to allow third party designations and notices of cancellation or nonrenewal to be sent *electronically* if the parties consent. Conn. Gen. Stat. § 38a-323a requires personal lines automobile and homeowners insurers that issue, renew amend or endorse a policy to include a conspicuous statement with the policy specifying that any named insured may designate a third party to receive notice of cancellation or nonrenewal of the policy. The statement shall include a designation form approved by the Commissioner and an electronic mail address of the insurer that the insured individual may use to designate a third party.

Below, the Department has updated the Commissioner-approved form referred to Conn. Gen. Stat. section 38a-323a, as amended by Public Act No. 19-125. Connecticut Designation Form 1-2019 meets the Act’s requirements and is approved for use by insurers. Insurers that provide the required statement using this form do not need to file their form for approval. Any notice of cancellation or nonrenewal and copies shall be mailed to the policyholder and third party designee in an envelope clearly marked on its face, or, if agreed between the insurer and the third party, delivered by electronic means stating the following:

“IMPORTANT INSURANCE POLICY INFORMATION: OPEN IMMEDIATELY”

A cancellation or nonrenewal notice is not effective if the company fails to give the required notice to both the individual named insured and the third party designee. Companies should review their procedures and bring them into compliance with Connecticut law. Please call the Property & Casualty Division at 860-297-3867 or email to cid.pc@ct.gov, if you have any questions concerning this Bulletin.

A handwritten signature in blue ink, appearing to read "A. Mais", positioned above a horizontal line.

Andrew N. Mais
Insurance Commissioner

[The company may modify font type and size, reformat information or add a company name and logo]

**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 [certified mail, return receipt requested,] to:

(Show insurance company name, email address and mailing address here)

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 [by certified mail, return receipt requested,] to the designated third party and us.

Request To Designate a Third Party to Receive a Copy of Policy Termination Notices

Insured's Name _____ Policy Number _____
Address _____ Check Policy Type: Homeowners ____
Automobile ____

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 shown above.

Name: _____
Street: _____
City: _____ State: _____ ZIP: _____
Email address: _____

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

[The company may omit information in brackets]