

Connecticut Policyholder Attestation Form

Insured Name: \_\_\_\_\_

Policy(ies) No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_

On behalf of the above-named company, I hereby attest and certify that this company:

\_\_\_\_\_ Was forced to close due to the COVID-19 pandemic.

\_\_\_\_\_ Was forced to significantly reduce operations due to the COVID-19 pandemic.

\_\_\_\_\_ Suffered significant revenue loss due to the COVID-19 pandemic.

Based on the above, I hereby request that the company's insurance policy(ies) not be cancelled for nonpayment of premium during the period of April 1, 2020 to June 1, 2020.

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that the above information is true and accurate and that he/she is duly authorized to complete this form on behalf of the above-named company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title