

New York 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 qualifies as a “small business” for purposes of 11 NYCRR 229* and continues to suffer financial hardship as a result of the COVID-19 pandemic. Based on the foregoing, I hereby request the following:

_____ A 60 day grace period for any cancellation of insurance policies due to nonpayment of premium.

_____ Alternative payment arrangements for outstanding premium that is past due.

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

**Small business* means a New York resident business that is independently owned and operated and employs 100 or fewer individuals.