

New York Policyholder Attestation Form

Insured Name: _____

Address: _____

Email: _____

Telephone #: _____

of Full-time employees: _____ Accept electronic delivery (Yes or NO): _____

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

Based on the foregoing, I hereby request the following relating to insurance premiums due from March 29, 2020 thru May 28, 2020 (i.e. 60 day grace period):

_____ The unpaid insurance premiums should be allocated over the remaining terms of the policies.

_____ Please contact me to make other payment arrangements for outstanding premium during the 60 day grace period.

Please indicate below the financial hardship resulting from the COVID-19 pandemic.

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. By signing below, I acknowledge that I have identified all policies subject to the deferral request.

Signature (Type in Name or Print & Sign)

Date

Printed Name and Title

PLEASE EMAIL COMPLETED FORM TO: COVID-DEFERRAL@HAYLOR.COM



Please make sure to list all policies that you would like to defer payment on.

Policy number:	
Invoice number:	
Original due date:	

Policy number:	
Invoice number:	
Original due date:	

Policy number:	
Invoice number:	
Original due date:	

Policy number:	
Invoice number:	
Original due date:	

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Invoice number:	
Original due date:	

Policy number:	
Invoice number:	
Original due date:	

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)

