



## **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.

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