

FULMONT MUTUAL INSURANCE COMPANY

COVID-19 PANDEMIC NOTICE & FINANCIAL HARDSHIP ATTESTATION

If you are a policyholder and are experiencing financial difficulties due to COVID-19, please know that we are here to help you. As a small, regional insurance company, we also understand the strain of declining revenues due to shut downs, social distancing and reduced workhours or layoffs.

We are hoping that we all becomes stronger as a result, but if you need to modify your payment schedule, please contact us at **518 762 3171**, if you are using a cell phone or have unlimited long distance on your phone. If you have tolls, please call 800 721 0903.

This notice includes a written attestation that is required as proof of financial hardship for your completion and return to the Company. This is a requirement under **Section 229.5 of Insurance Law, titled Premium repayment, demonstration of financial hardship and voluntary cancellation**. If you have any other questions, please reach out to your agent or our office.

PRODUCERS NAME, ADDRESS & PHONE NO.	DATE
	POLICY NUMBER:

INSURED NAME AND ADDRESS	PERSON TO CONTACT
	DAYTIME PHONE NUMBER:
	EMAIL ADDRESS:

**Following Governor Andrew M. Cuomo's Executive Order No. 202.13,
Consumers and Small Businesses Experiencing Financial Hardship Due to the COVID-19 Pandemic May Defer
Paying Premiums for Property and Casualty Insurance for 60 Days**

Property and Casualty Insurance

Today's emergency regulation directs property and casualty insurers to provide flexibility to consumers experiencing financial hardship caused by the pandemic by extending to 60 days the grace period for the payment of premiums and fees under homeowners and renters insurance policies, and the same relief will be available for businesses with 100 employees or less, independently owned and operated in New York.

DFS requires property and casualty insurers to provide the following relief to consumers and small businesses who can demonstrate financial hardship due to COVID-19:

- Provide a 60-day grace period for the cancellation, conditional renewal or non-renewal of a policyholder's insurance policy;
- Allow premiums due but not paid during the 60-day period to be paid over the course of the following year in 12 equal monthly installments; and
- Waive any late payment fees, and not report late payments to credit rating agencies, during the 60-day period.

We, the undersigned have are experiencing a financial hardship due to COVID-19. On _____ we were laid off from our position at _____ or; on _____ my business _____ was forced to close due to the Governors Executive Order.

Therefore, we hereby request Fulmont Mutual Insurance Company, PO Box 487, Johnstown, NY 12095-0487 to modify our payment plan schedule.

We understand that by doing such, we will ensure that the premiums due during the 60 grace period will be paid within the next 12 months.

WE ARE REQUIRED BY LAW TO ADVISE YOU THAT, "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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

Signed: _____

Date: _____