199 Water Street, 24th Floor

 New York, NY 10038

**NEW JERSEY INSURED**

**COVID-19 CERTIFICATION OF FINANCIAL HARDSHIP**

Policy Number


Named Insured as shown on policy


Insured Email


Insured Phone



Allied World Insurer:



Covered Location(s)


Producer


Desired Deferral Start Date


**New Jersey Insureds:** Please <https://awac.com/wp-content/uploads/2020/04/NJ-Notice-Bulletin-20-15.pdf>

Type of Relief Requested


Detailed Reason for Requesting Extra Time to Pay Premium


Prior to submitting this form, please read these important notices:

* Allied World reserves the right to request additional information from the insured and/or producer as part of our premium payment deferral review process.
* Premium payment extensions are not guaranteed. Allied World will consider all requests based on a comprehensive review of the information entered above, as well as other criteria, including but not limited to, state law, history of late payments, total policy premium, amount of premium remaining in this policy term, and any other information we consider necessary to determine the appropriate course of action.
* If your request for premium payment deferral is granted during this COVID-19 emergency, Allied World will allow you to defer premium payments for a period of time without threat of cancellation. All amounts will still be owed to Allied World and full payment of all owed back premium will be due at the end of the extension/deferral period. Should you fail to comply, coverage cancellation may extend back to the original due date of any missed payment(s) and may result in a significant lapse of coverage.

**WARNING**: Insureds in New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Name of Person Submitting Form


Email of Person Submitting Form if different than above

Relationship to Insured e.g. Owner, President, CFO, Agent, etc.


I have read and understood the disclaimers and information above and agree that all information provided on this form is truthful and accurate.

Signature

