



Berkley
Design Professional
| a Berkley Company

Important Notice for New York Policyholders

During the period that Governor Cuomo's Executive Order 202.13 is in effect, currently until April 28, 2020, any New York resident individual or small business that is experiencing a financial hardship as a result of the COVID-19 pandemic and can provide a written attestation of that financial hardship, may be entitled to a 60-day grace period to pay their current premium due. Such policyholders who are unable to make any premium payment due during that 60-day period can request payment of that unpaid amount over a 12-month period. For purposes of this notice, "small business" is defined as an independently owned and operated business resident in the State of New York that employs 100 or fewer individuals.

Affected individual and small business New York policyholders should contact Berkley Design Professional's billing department for further information about providing a written attestation and to learn about premium payment accommodations that may be available.

Please contact:

Alex Hartman

Accountant

518.242.5305

ahartman@berkleyalliance.com

We hope this option will provide the flexibility needed to enable you to get through this difficult and challenging period. We value your business and we welcome the opportunity to serve you now and in the future.

[Berkley Design Professional](#)

[Berkley Alliance Managers](#)

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.