

**** IMPORTANT NOTICE ** SPECIAL DEFERRMENT OF PREMIUM INSTALLMENT PAYMENTS FOR
NEW JERSEY INSUREDS ** PLEASE READ ****

**IMPORTANT INFORMATION PERTAINING TO YOUR AGREEMENT WITH NCMIC FINANCE CORPORATION AND NOTICE
OF NEW JERSEY EXECUTIVE ORDER 123 AND BULLETIN NO. 20-17**

We hope this notice finds you safe and healthy. The novel coronavirus (COVID-19) pandemic has created an unprecedented crisis in our country. Please know that NCMIC Finance Corporation (“NCMIC”) is committed to providing support to all our borrowers and is here to help you during this difficult time.

WHY ARE YOU RECEIVING THIS NOTICE?

New Jersey has issued a bulletin pertaining to the cancellation of insurance policies that may be applicable to you or your business. Bulletin 20-17 can be found here: <https://www.nj.gov/dobi/bulletin20.html>. To the extent you are experiencing a financial hardship due to COVID-19, you may elect to receive certain relief, subject to certain exceptions including that you are in good standing with us as of March 1, 2020. You or your business may be eligible for a 90-day grace period for the payment of installment payments that come due under your Premium Finance Agreement with NCMIC and, if so elected, you may opt for the grace period to begin retroactively on April 1, 2020 or, alternatively, for the grace period to begin on May 1, 2020. The relief does not apply to your Premium Finance Agreement(s) if entered into on or after March 1, 2020.

WHAT DOES THIS MEAN TO YOU?

You may be eligible (i) to defer your installment payment(s) that come due during the grace period over time, and (ii) for a waiver of fees and charges. Any grace period provided is not intended to change the terms of a policy issued or to be considered a forgiveness of installment payments. The relief does not apply to your Premium Finance Agreement(s) if entered into on or after March 1, 2020.

WHAT DO YOU NEED TO DO?

If you are eligible for relief, please indicate below by countersigning this notice and returning it to NCMIC by mail at: 14001 University Ave., Clive, IA 50325 and send a copy to your insurance carrier and agent. We also ask you contact us at the following number 1-800-600-9250 to discuss payment options for deferred payment(s). **IF WE DO NOT HEAR FROM YOU WITHIN 10 DAYS OF THIS NOTICE, WE WILL ASSUME YOU ARE NOT OPTING FOR THIS RELIEF.**

INSURED/BORROWER FINANCIAL HARDSHIP AND GOOD STANDING ATTESTATION:

I, _____, affirm under penalty of law and attest (**please mark all that apply**):

- that I am the insured, have been impacted by COVID-19, and have suffered a financial hardship as a result of COVID-19.
- that I was in good standing under the terms of my Premium Finance Agreement(s) with you as of March 1, 2020.
- that I elect the 90- day grace period to begin on **April/ May (Circle One)** 1, 2020.

Signature of Insured/Borrower

Name of Borrower

Account