

## **COVID-19 FINANCIAL HARDSHIP APPLICATION**

Date\_\_\_\_\_

Attention: American Transit Insurance Company

I, \_\_\_\_\_ with ID # \_\_\_\_\_ and policy number \_\_\_\_\_ cannot make my:

\_\_\_\_\_ Monthly Payment  
\_\_\_\_\_ Reinstatement Payment  
\_\_\_\_\_ Renewal Down Payment

I understand that this will create a balance and I'm responsible to pay it off as soon as instructed by the above Insurance company according to the payment plan established by them.

I swear in writing under penalty of perjury that I am experiencing financial hardship as a result of the COVID-19 pandemic. Kindly approved requested assistance to avoid policy cancellation.

Insured Name\_\_\_\_\_

Signature\_\_\_\_\_

Email Address\_\_\_\_\_

Mobile Number\_\_\_\_\_