



Dryden Mutual Insurance Company

P.O. Box 635
Dryden, New York 13053-0635
607-844-8106 / 800-724-0560
607-257-0312 (fax)

To: Dryden Mutual Insureds

RE: COVID-19 Hardship 12 Month Deferred Premium

If you have been placed on the 12 Month Deferral plan, you hereby agree to the following terms:

1. You swear or affirm under penalty of perjury you are continuing to experience financial hardship as a result of the COVID-19 pandemic.
2. You promise to repay the amount due over a 12-month term and understand this amount due will be billed separately from your current policy term.
3. You understand the amount due will not be assessed late fees or be cancelled for non-payment of premium.
4. After the 12-month term, any unpaid premium relating to this deferred amount will be returned to your current policy term where it will be subject to cancellation. If you do not have a current policy, the amount will be submitted to a collection agency.

If you do not agree to the terms listed above, please contact us at 1-800-694-8271 or billing@drydenmutual.com to discuss other repayment options.

