



REQUEST FOR PREMIUM PAYMENT EXTENSION
CALIFORNIA FAIR PLAN ASSOCIATION

If you are unable to make your regularly scheduled premium payment because of circumstances due to COVID-19, you may request a 60-day grace period on your premium payment by completing this form. The completed form must be received at the FAIR Plan office at the email address below ***no later than the original premium due date*** to be considered.

If an extension is granted, which is at the sole discretion of the FAIR Plan, we will send you a cancellation notice identifying the amount of premium that will be due at the end of the grace period. Please note that this amount will include the deferred premium and any additional premium which will be due by the end of the grace period. If the premium is paid within the 60 day grace period, the policy will not be cancelled.

Your policy will remain in force during the grace period. This means that if your property suffers a covered loss, we will pay it during the grace period in the same manner as if your premium payments were current. Because we are providing coverage during this time, you will need to pay the outstanding premium at the end of the grace period, whether or not you make a claim to the FAIR Plan.

If you do not pay all outstanding premium by the end of the grace period, your policy will automatically cancel at the end of the grace period. Further, if you do not pay the outstanding premium and your policy cancels, we will not be able to issue you replacement coverage until the premium on your current policy is fully paid.

Named insured(s): _____

Property Address: _____

Policy Number: _____ Email Address: _____

I am a named insured under the above policy. Because of circumstances beyond my control caused by COVID-19 (describe):

_____,
I request a 60-day grace period in paying my premium. I acknowledge that at the end of the grace period, I must pay this premium and any other premium then due, or my policy will be canceled without further notice.

Check this box if you would like to request an extension for your CEA policy premium payment.

I further acknowledge that if my policy is canceled, the FAIR Plan will not issue me a new or replacement policy until I have paid all premiums due on this policy, and that the FAIR Plan will seek to collect the unpaid premium.

Date: _____ Signed: _____

Email completed form ***no later than the original payment due date*** to
paymentextension@cfpnet.com