HEMIC
PROUDLY TAKING CARE OF HAWAIʻI

**Request Date**:

# Request for Temporary Suspension of Premium Payments

**Policyholder Name:**

**Policy Number:**

**Policyholder Contact Information**

**Contact Name:**

**Phone Number:**

**Email Address:**

| **Reasons for Request / Impact on Business** |
| --- |
| |

**Please submit completed form to uwassist@hemic.com**
**If you have questions, call HEMIC Underwriting at (808) 208-8200**