



D&O COVID-19 Questionnaire

In response to the COVID-19 Pandemic additional information is requested. Provide the following additional information and attach it to your application along with your most current YTD Financials.

If you answer **yes** to any questions, provide complete details. Attach additional pages if needed.

Named Applicant: _____

1. How has the firm been financially impacted by the effects of the COVID-19 Pandemic?
Please indicate any significant losses of revenue, or changes in operations? _____

2. What is your process for tracking and projecting the full financial impact in 2020 as a result of COVID-19 for the next 12 -18 months? _____

3. What steps are being taken to mitigate the impact on the firm business operations? _____

4. Have you developed and/or implemented a contingency plan? Yes No
If **yes**, provide details: _____

5. Is your office closed with employees working remotely? Yes No
If your office is open, are 100% of employees working in the office? Yes No
If your office is closed, when did it close? _____
Provide details: _____

6. Does the Applicant's return-to-work protocol include the following?

Rehiring practice?	Yes	No
Exposure control plans?	Yes	No
Work-from-home accommodations?	Yes	No
Health screening protocols?	Yes	No
Workplace safety?	Yes	No
Contingency plan procedures, etc.?	Yes	No

Provide details: _____

7. Has the Applicant received a PPP loan? Yes No
If **yes**, what is the amount of the loan? \$ _____
8. Are any major supplies or vendors materially impacted from COVID-19 in a way that could disrupt your business? If **yes**, provide details: _____

9. As of the current date, what is the quantity and what are the sources of available liquidity?

10. Are you in compliance with debt covenants as of today? Yes No
If no, explain your contingency plan including have you reached out or been contacted by your lenders regarding flexibility and support from COVID 19? _____

11. Confirm that current investors are committed to funding your losses and continued operations as needed? If **yes**, provide details: _____

Employment Practices Liability - only answer if applicable

1. Have you developed and/or implemented a contingency plan? Yes No
If **yes**, provide details: _____

2. Does the Applicant's return-to-work protocol include the following?
- | | | |
|------------------------------------|-----|----|
| Rehiring practice? | Yes | No |
| Exposure control plans? | Yes | No |
| Work-from-home accommodations? | Yes | No |
| Health screening protocols? | Yes | No |
| Workplace safety? | Yes | No |
| Contingency plan procedures, etc.? | Yes | No |
- Provide details: _____

By signing this Questionnaire, the Applicant understands and agrees that the information submitted herein and all attachments becomes a part of, is deemed attached to and is subject to the same representations and conditions of, its application for insurance.

This Questionnaire must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronical reproduced signatures will be treated as original.

Print or Type Name

Title

Signature

Date (mm/dd/yyyy)