



Agents & Brokers 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. Have any of your clients, to the best of your knowledge filed for bankruptcy or permanently closed their business? Yes No
 If **yes**, approximately how many? _____
6. Have you seen a material increase (more than 10%) in carrier non-renewals of your client base? If **yes**: Yes No
 - a. Reasons why? _____
 - b. Do you have replacement markets at similar terms and conditions? Yes No
 - c. Are you documenting all discussions, including Extended Reporting Period options? Yes No
7. Have you reported COVID-19 claims to carriers on behalf of clients?
 If **yes**: Less than 5 6-15 16-50 More than 50

- | | | |
|---|-----|----|
| 8. Have any of your clients sued their clients over COVID-19 coverage positions? | Yes | No |
| 9. Do you advise clients to submit all claims to carriers? | Yes | No |
| 10. Are all employees advised not to provide coverage opinions to clients? | Yes | No |
| 11. Please describe any steps you have taken to manage your E&O exposure to claims arising from COVID-19 (*For Example, address any changes in client communications, disclosures, claims reporting, documentation, advocacy, or employee training): _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

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)