



## COVID-19 QUESTIONNAIRE

**INSURED NAME:** \_\_\_\_\_

### **Financials Questions**

1. How has the pandemic impacted the company financially? How has it impacted customer contracts and/or inventory, receivables, and supply chain changes?

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2. What are the company's revenues year-to-date? What were the company's revenues for the same period in 2019?

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3. Has the company received a PPP loan?                      Yes                      No                      N/A  
If yes, please provide the amount of the loan                      \$ \_\_\_\_\_

4. How long do can the company remain solvent? What are the company's plans in order to continue to fund operations and meet all obligations?

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5. Have lines of credit been affected or have you drawn down credit lines?

Yes                      No                      N/A

If yes, please explain:

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6. Have there been any violations of covenants or events of default triggered?

Yes                      No                      N/A

If yes, please explain:

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## Employment Practices Questions

7. Has the company undergone a reduction in workforce as result of the pandemic?

Yes                      No

If yes, please provide the date of the reduction, number of affected employees (including job classifications), and the state (s) where layoffs occurred.

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8. Does the company anticipate any reduction in workforce over the next 12 months?

Yes                      No

If yes, please provide full details.

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9. Has outside counsel been utilized, or will they use outside counsel for any reduction in force?

Yes                      No                      N/A

10. Does the company have a disease/epidemic policy in place? Please provide details.

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11. Is the company utilizing outside counsel and/or guidance on the updated EEOC's "Pandemic Preparedness in the Workplace and the Americans with Disability Act"? Please explain how you are using these resources.

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12. Are you utilizing outside counsel and/or guidance on the Families First Coronavirus Response Act (in particular, the execution of Emergency FMLA and pay practices related to this law?)

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13. Please provide full details on the company's return-to-work protocols; including, but not limited to: rehiring practices, exposure control plans, work-from-home accommodations, health screening protocols, workplace safety, business continuity procedures, etc.

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## Crime and Computer System Questions

14. Has the company implemented plans designed to mitigate any IT or control weaknesses? If the company is unable to mitigate, how are they addressing the gaps in the operational risk management framework?

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15. Has the company provided enhanced training surrounding computer systems controls to employees, including phishing and BEC scams, directives to never click on links or attachments coming from an unverified sender, as well as any other steps taken to enhance cyber security.

Yes                      No

If **No**, please explain:

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16. Do you use any programs to conduct virtual meetings, such as Zoom, GoTo Meetings, Microsoft Teams, etc, for internal and external meetings? If **Yes**, please describe the security measures utilized to protect these meetings from being hacked (passwords, meetings by invite only, etc):

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THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR THE PRESIDENT OF THE COMPANY ACTING AS THE AUTHORIZED REPRESENTATIVE OF THE PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE.

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Signature

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Title

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Date