



BUSINESS CONTINUITY PLAN (BCP) QUESTIONNAIRE

Name of Company: _____

Date: _____

NAIC #: _____ Group #: _____

Submitter: _____

		YES	NO
1.	Has your BCP been updated within the last year?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is your BCP based on a business impact analysis?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has your BCP been tested?	<input type="checkbox"/>	<input type="checkbox"/>
	a) if yes, was the plan tested during the last year?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Please provide the date it was last tested:		
4.	Does your BCP address all significant business activities, including:		
	a) financial functions;	<input type="checkbox"/>	<input type="checkbox"/>
	b) underwriting/claim functions;	<input type="checkbox"/>	<input type="checkbox"/>
	c) telecommunication services;	<input type="checkbox"/>	<input type="checkbox"/>
	d) data processing;	<input type="checkbox"/>	<input type="checkbox"/>
	e) network services; and	<input type="checkbox"/>	<input type="checkbox"/>
	f) security/remote access.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does your BCP consider a pandemic or epidemic scenario?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does your BCP assign a restoration priority to all significant business activities?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does your BCP contain a list of critical computer programs, operating systems, and data files?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your BCP provide for a written agreement or contract for use by IT of a specific alternate site and computer hardware to restore data processing operations after a disaster occurs, and does the alternate site have a backup generator in place in case of local power outages, a fire detection and suppression system and moisture sensors in place under the raised floor?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your BCP address interaction with external business entities, including contractors and vendors?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your BCP include contingency plans in the event external business entities, including contractors and vendors, experience a business interruption?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your BCP set forth adequate manual processing procedures for use until the electronic data processing function can be restored?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does your BCP clearly describe senior management roles and responsibilities associated with the declaration of an emergency and implementation of the BCP and Disaster Response Plan?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does your BCP clearly identify the general process by which the threat of a disaster will be assessed and the specific individuals who are authorized to respond to a declaration of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does your BCP set forth a training curriculum for business continuity team members?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does your BCP set forth a periodic review of the BCP, including a testing schedule, procedures and forms for business recovery strategies, and IT recovery strategies?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does your BCP set forth a corrective action plan to correct deficiencies discovered as a result of BCP testing or actual deployment of the BCP?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is your BCP reviewed and approved at least annually by the board of directors, a committee of the board of directors or other governing body, or a committee thereof?	<input type="checkbox"/>	<input type="checkbox"/>
18.	If your company shares facilities with another company, does your company: (1) maintain separate management and operations; (2) not disclose confidential customer information without appropriate consent; and (3) maintain records in compliance with 11 NYCRR 243 (Insurance Regulation 152), 11 NYCRR 420 (Insurance Regulation 169), and 11 NYCRR 421 (Insurance Regulation 173)?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Does your BCP include a communication plan with all parties, including employees, customers, insurance producers, and independent adjusters?	<input type="checkbox"/>	<input type="checkbox"/>