



Disaster Response Plan Questionnaire

Table with 2 columns: Field Name, Value. Fields include Submission Date, Reporting Year, Submitter Last/Entity Name, Submitter Title, Submitter Phone, Submitter Email, Approved within last year, Approval Date, Expected Resubmission Date.

Represented Company(ies):

Table with 2 columns: Field Name, Value. Fields include Name, NAIC, Group, Jurisdiction, Claims Processing Address 1, New York premium volume from most recent Schedule T, Gross Premium Written, Individual Life Insurance, Group Life Insurance, Individual Annuities, Group Annuities, Comprehensive, Disability Income, Long-Term Care, Office locations, and various claim types.

Contacts

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| Team Responsibilities/Authority: Does your plan describe the responsibilities and reporting authority of the disaster response team? | Yes - Page 1 |
| Communication Team Leader: Does your plan identify the name and title of the person responsible for activating and deactivating the disaster response plan? | No - We will appoint a communication leader by the end of the month |
| Monitors: Does your plan identify the name and title of the person responsible for monitoring the disaster response plan? | Yes - Page 1 |
| Disaster Liaisons: Does your plan identify the Primary Disaster Liaison (the employee who is available during and after a disaster to relay information between the company and DFS)? | Yes – User1 Name, User1@email.com (123)456-7543 |
| Does your plan identify the Secondary Disaster Liaison? | NA - We are a small company |
| Disaster Leaders: Does your plan identify the Primary Disaster Leader (the employee who has control of the company's disaster plan)? | Yes – User2 Name, User2@email.com (555) 555-5555 |
| Does your plan identify the Secondary Disaster Leader? | NA - We are a small company |

Training

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| Personnel: Does your plan describe the way in which the company trains its employees and agents to assist customers during and after a disaster? | Yes - Page 1 |
| Company Staff: Does your plan describe training needed to prepare staff for their responsibilities in responding to changing circumstances as a the disaster enters varying stages that will necessitate activation of different phases and parts of your plan? | Yes - Page 1 |

Notifications

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| Customers: Does your plan describe the steps the company will take to notify, in a timely manner, the company's customers of any procedural changes? | Yes - Page 1 |
| Adjusters and MGAs: If the company uses an independent adjuster or managing general agent ("MGA"), then does your plan describe the way in which the independent adjuster or MGA will provide additional or alternative claims and customer service handling capacity and procedures, including when the independent adjuster or MGA may be located in the disaster- affected area? | NA - We do not use MGAs |
| Insurance Producers and Adjusters: Does your plan describe the steps the company will take to notify insurance producers and independent adjusters, in a timely manner, of any procedural changes made in response to a disaster? | Yes - Page 1 |
| Health Service Providers: Does your plan describe the steps the company will take to advise health service providers of procedural changes occurring due to a disaster? | Yes - Page 1 |

Handling

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| Identifying a disaster: Does your plan identify the methodology the company uses to identify a disaster and determine whether the company should activate all or part of its disaster response plan? | Yes - Page 1 |
| Communication Channels: Communication Channels: Does your plan describe the additional or alternative communication channels the company will use to communicate with insurance producers or independent adjusters located in or servicing a disaster-affected area? | Yes - Page 1 |
| Local/Toll Free Number: Does your plan identify a local or toll-free number for customers to report claims? | No - We will address this next revision |
| Claims Handling Capacity: Does your plan describe the way in which the Company will provide additional or alternative claims and customer service handling capacity and procedures, including ensuring that there are adequate personnel and information technology systems? | Yes - Page 1 |
| INFORMATIONAL | |
| Alternate Procedures: Does your company have alternate or non-computerized procedures for processing claims in an emergency? | No |
| Counsel: Does your plan require having counsel available to advise on coverage/claim issues? | No |
| Does your plan explain what steps the company has taken to ensure timely responses to customers for such requests as: | |
| Claims (life, annuity, DI, LTC, dental, vision, and terminal/critical illness) | Yes |
| Lost Policy Or Contract | No |
| Cash Value Surrenders/Withdrawals | NA |

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| Policy Loans | Yes |
| Changes To Annuity Payouts Or Separate Account Transfers | No |
| Extended Grace Periods For Payment Of Premiums | Yes |
| Temporary Or Permanent Changes Of Contact Information | NA |

Procedures

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| Facilities and Equipment: If the company supplies facilities and equipment for insurance producers, does your plan describe what alternate facilities or equipment the company will provide for producers affected by the disaster? | Yes - Page 1 |
| Backup Facilities: Does your plan require 'back-up' facilities available for use in an emergency? | Yes - Page 1 |
| Fraudulent Acts: Does your plan describe the additional or alternative procedures will the company use for detecting a fraudulent insurance act during and after a disaster? | Yes - Page 1 |
| Plan Testing: Does your plan describe the methodology the company uses to test the disaster response plan and the frequency of testing? | Yes - Page 1 |

Additional Comments:

Documents

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|-------------------------------------|------------------------|
| My Company Disaster Plan.docx | Disaster Response Plan |
| ABC Company Signed Affirmation.docx | Signed Affirmation |
| ABC Company BOD Approval.docx | Plan Approval |