



Disaster Response Plan Questionnaire

Submission Date	07/19/2021
Reporting Year	2021
Submitter Last/Entity Name	Test Submitter
Submitter Title	President
Submitter Phone	(123) 123-1233
Submitter Email	submitter@email.com
Approved within last year	Yes
Approval Date	07/05/2021
Expected Resubmission Date	08/18/2021

Represented Company(ies):

Name	Property Casualty Company
NAIC	00000
Group	0000
Jurisdiction	Pennsylvania
Claims Processing Address 1	1 Main Street Albany NY, 12345
New York premium volume from most recent Schedule T	\$10,000,000
Gross Premium Written	
Fire	\$1,000,000
Allied Lines	\$1,000,000
Multiple Peril Crop	\$1,000,000
Federal Flood	\$1,000,000
Farmowners Multiple Peril	\$1,000,000
Homeowners Multiple Peril	\$1,000,000
Commercial Multiple Peril (Non-Liability portion)	\$1,000,000
Earthquake	\$1,000,000
Private Passenger Auto Physical Damage	\$10,000,00
Commercial Auto Physical Damage	\$1,000,000

Contacts

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?	Yes - Page 1
Monitors: Does your plan identify the name and title of the person responsible for monitoring the disaster response plan?	Yes - We will appoint someone next meeting and update our plan
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 – User 1, User1@email.com (123) 123-1333
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 – User 2, User2@email.com (123) 123-1233
Does your plan identify the Secondary Disaster Leader?	NA - we are a small company

Training

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 the disaster enters varying stages that will necessitate activation of different phases and parts of your plan?	Yes - Page 1

Insurance Producers: Does your plan provide education/instructions to insurance producers to prepare them for their responsibilities, including how to handle customers in the event of a disaster?	Yes - Page 1
Independent Adjusters: Does your plan require your company to conduct training following a disaster to prepare insurance adjusters for New York-specific disaster procedures and coverage issues?	Yes - Page 1

Notifications

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?	No -

Handling

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: 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?	Yes - Page 1
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?	Yes
Counsel: Does your plan require having counsel available to advise on coverage/claim issues?	Yes

Procedures

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
INFORMATIONAL	
Personnel Identification: Does your plan specify what forms of personnel identification your company issues to independent adjusters and producers to permit access to affected areas in disaster situations?	Yes
Mobile response vehicles: Does your plan indicate that mobile response vehicles may be deployed to a New York State disaster site?	Yes

Additional Comments:

Documents

My Company Disaster Plan.docx	Disaster Response Plan
ABC Company Signed Affirmation.docx	Signed Affirmation
ABC Company Plan Approval	Plan Approval