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CAPITOL SPECIALTY INSURANCE CORPORATION | A Stock Company
P. O. Box 5900 | Madison, WI 53705-0900 | CapSpecialty.com

EMERGENCY RESPONSE PLAN QUESTIONNAIRE

INSTRUCTIONS

- This QUESTIONNAIRE is in addition to any ACORD Application, New Business Application, or Renewal Application, which should be completed by the Applicant.
- Answer ALL questions completely, leaving no blanks. If any questions, or any part thereof, do not apply, show "N/A" in the appropriate space.
- This questionnaire must be completed and signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

I. APPLICANT INFORMATION

1.1	Applicant (Proposed Named Insured):
1.2	Contact Person:
	Email:

II. EMERGENCY RESPONSE PLANNING INFORMATION

2.1	Does Applicant have a written Emergency Response Plan?	☐ Yes ☐ No
	If yes, does your Emergency Response Plan include the following elements:	
	a. A communication plan that complies with federal, state and local laws?	☐ Yes ☐ No
	If yes, does it include:	
	(i) A communications tree for staff which designates Team Leaders and clear lines of authority?	☐ Yes ☐ No
	(ii) A method to communicate with patients and coordinate continued patient care?	☐ Yes ☐ No
	b. A requirement that the Plan must be annually reviewed and updated?	☐ Yes ☐ No
	c. Networking and planning with the community?	☐ Yes ☐ No
	d. Collaborative planning and coordination with similar treatment programs and/or service providers?	☐ Yes ☐ No
	e. A training and testing program for staff, which is demonstrated at least annually?	☐ Yes ☐ No
	f. Identification of funding mechanisms in the event standard billing/payment cycles are interrupted (i.e. petty cash, lines of credit, etc.)?	☐ Yes ☐ No
2.2	Does your Emergency Response Plan include a Continuity of Operations Plan?	☐ Yes ☐ No
	If yes, does your Continuity of Operations Plan include:	
	a. A hazard assessment, which identifies key hazards and their likelihood and impact?	☐ Yes ☐ No
	b. Identification of essential personnel?	☐ Yes ☐ No
	c. Identification of essential operations and how they will continue during the disaster?	☐ Yes ☐ No
	d. Identification of critical resources needed to continue essential operations and how they can be accessed?	☐ Yes ☐ No
	e. Management of human capital with staffing alternatives?	☐ Yes ☐ No
	f. Management of human capital with employee compensation/sick leave policies?	☐ Yes ☐ No
	g. Management of human capital with an employee absenteeism policy?	☐ Yes ☐ No
	h. Protection of vital records?	☐ Yes ☐ No
	i. HIPAA compliance?	☐ Yes ☐ No
	j. A recovery plan to continue operations?	☐ Yes ☐ No
2.3	Does your Emergency Response Plan include reaction to a pandemic or infectious disease outbreak?	☐ Yes ☐ No
	If yes, does your Emergency Response Plan include the following elements relating to a pandemic or infectious disease outbreak:	
	a. Occupational health policies and procedures to prevent the spread of disease to healthcare staff, including a requirement for annual vaccines for staff members?	☐ Yes ☐ No
	b. Guidelines for surveillance, identification and screening for contagious and infectious disease, including staff, patients and visitors?	☐ Yes ☐ No
	c. Procedures for infection control and prevention, including social distancing?	☐ Yes ☐ No
	d. Guidelines on the use of personal protective equipment?	☐ Yes ☐ No
2.4	Do you have an Infection Prevention Plan that is followed in the normal course of business?	☐ Yes ☐ No
	If yes, does your Infection Prevention Plan include a pandemic or infectious disease outbreak response?	☐ Yes ☐ No
2.5	Do you have a Media Response Plan?	☐ Yes ☐ No
	If yes, does it address the outbreak of contagious disease or pandemic?	☐ Yes ☐ No

REFERENCE/RESOURCES

- https://emergency.cdc.gov/planning/index.asp
- https://www.cdc.gov/flu/
- https://www.who.int/csr/resources/publications/WHO_CDS_2005_32web.pdf
- https://www.osha.gov/SLTC/personalprotectiveequipment/

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.
*Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

REPRESENTATIONS AND SIGNATURE

By signing this Questionnaire, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

a. After conducting due diligence, the statements in the Questionnaire furnished to the Insurer are accurate and complete;
b. Those statements furnished to the Insurer are representations Applicant makes on behalf of all proposed Insureds;
c. Those representations are a material inducement to the Insurer to provide a premium proposal or continued or enhanced insurance coverage;
d. If a policy is issued or coverage is continued or enhanced, the Insurer will have provided the coverage under this Policy in reliance upon those representations;
e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Questionnaire that occurs or is discovered between the date this Questionnaire is signed and the Effective Date or Renewal Date of any policy, if issued, or the effective date of any enhanced coverage under this Policy, Applicant will immediately report such material change to the Insurer in writing; and
f. The Insurer reserves the right, upon receipt of such notice, to change or rescind any insurance proposal or coverage enhancement previously offered by the Insurer.

As used above, the term "Insurer" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.

This Questionnaire must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Questionnaire.

Signature of authorized representative of Applicant	**Title**
Type / Print name of authorized representative	**Date**
Producer Signature	**Date**