

EPL COVID-19 Questionnaire

In response to the COVID-19 Pandemic additional information is requested. Provide the following additional information and attach it to your application along with your most current YTD Financials.

If you answer yes to any questions, provide complete details. Attach additional pages if needed

Named Applicant: _____

1. How has the firm been financially impacted by the effects of the COVID-19 Pandemic? Please indicate any significant losses of revenue, or changes in operations? _____

2. What is your process for tracking and projecting the full financial impact in 2020 as a result of COVID-19 for the next 12 -18 months? _____

3. What steps are being taken to mitigate the impact on the firm business operations? _____

4. Have you developed and/or implemented a contingency plan? Yes No
If **yes**, provide details: _____

5. Provide any details on changes or updates to your current HR Policies and Procedures due to COVID-19:

6. Have you had any layoffs or furlough of employees? Yes No
If **yes**, did you bring them back? Date? __/__/__ Yes No
If **no**, do you have a date scheduled to bring them back? __/__/__ Yes No
Provide the date of the reduction, number of affected employees (including job classifications, and the state(s) where layoffs occurred: _____

7. Does the Applicant's return-to-work protocol include the following?
- | | | |
|------------------------------------|-----|----|
| Rehiring practice? | Yes | No |
| Exposure control plans? | Yes | No |
| Work-from-home accommodations? | Yes | No |
| Health screening protocols? | Yes | No |
| Workplace safety? | Yes | No |
| Contingency plan procedures, etc.? | Yes | No |
- Provide details: _____
- _____
- _____

8. Does the Applicant's return-to-work protocol include the following?
- | | | |
|------------------------------------|-----|----|
| Rehiring practice? | Yes | No |
| Exposure control plans? | Yes | No |
| Work-from-home accommodations? | Yes | No |
| Health screening protocols? | Yes | No |
| Workplace safety? | Yes | No |
| Contingency plan procedures, etc.? | Yes | No |
- Provide details: _____
- _____
- _____

9. Does the Applicant anticipate any reduction in workforce over the next 12 months due to COVID-19? Yes No
- If **yes**, provide details to include the number of affected employees and if there are plans to provide severance packages in exchange for executed waivers: _____
- _____
- _____

10. Has outside counsel been utilized, or will the Applicant use outside counsel for any reduction in Force? Yes No N/A
- _____
- _____
- _____

11. As of the current date, what is the anticipated cash inflow or outflow from operations for the next three (3) months? _____
- _____
- _____

By signing this Questionnaire, the Applicant understands and agrees that the information submitted herein and all attachments becomes a part of, is deemed attached to and is subject to the same representations and conditions of, its application for insurance.

This Questionnaire must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronical reproduced signatures will be treated as original.

Print or Type Name

Title

Signature

Date (mm/dd/yyyy)

Broker Info

Print or Type Name

Address

Company

Phone Number

Email