

# COVID-19 Supplemental Questions

## Insurance Agents and Brokers E&O

### Aspen Insurance

1. Are agents or brokers considered essential workers in your state of domicile?.....  Yes  No
2. Is your office closed with employees working remotely?.....  Yes  No  
If yes, please answer a&b.
  - a. Does your firm have the adequate infrastructure to work remotely?.....  Yes  No
  - b. Are you operating at full capacity?.....  Yes  No
    - i. If no, what percent? \_\_\_\_\_
3. Have you had any layoffs or furlough of employees?.....  Yes  No  
If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_
4. Have any of your clients filed for bankruptcy or permanently closed their business?.....  Yes  No  
If yes, approximate how many? \_\_\_\_\_
5. Are you accepting new clients?.....  Yes  No  
If yes, do you have a process for screening them such that you do not assume COVID-19 coverage challenges?  
 Yes  No
6. Have you seen a material increase (more than 10%) in carrier non-renewals of your client base?  Yes  No  
If yes, please answer a, b & c
  - a. Reason why? \_\_\_\_\_
  - b. Do you have replacement markets at similar terms and conditions?.....  Yes  No
  - c. Are you documenting all discussions, including Extended Reporting Period options?.....  Yes  No
7. Have you reported COVID-19 related claims to carriers on behalf of clients?.....  Yes  No  
If yes, select below
  - a. Less than 5
  - b. 6-15
  - c. 15-50
  - d. More than 50
8. Have any of your clients sued their carrier over COVID-19 coverage positions?.....  Yes  No
9. Do you advise clients to submit all claims to carriers?.....  Yes  No
10. Are all employees advised not to provide coverage opinions to clients?.....  Yes  No

11. Please provide the approximate number of clients OR GWP placed in the following segments:

**Hospitality**

\_\_\_\_\_ Restaurants  
\_\_\_\_\_ Lodging  
\_\_\_\_\_ Travel  
\_\_\_\_\_ Retail Shops  
\_\_\_\_\_ Other (please specify)

**Healthcare**

\_\_\_\_\_ Hospitals  
\_\_\_\_\_ Doctor's Offices  
\_\_\_\_\_ Nursing Homes/Assisted Living  
\_\_\_\_\_ Healthcare Facilities  
\_\_\_\_\_ Home Healthcare  
\_\_\_\_\_ Other (please specify)

**Recreation**

\_\_\_\_\_ Sports  
\_\_\_\_\_ Fitness Centers/Gyms  
\_\_\_\_\_ Other (please specify)

**Entertainment**

\_\_\_\_\_ Special Events  
\_\_\_\_\_ Travel  
\_\_\_\_\_ Other (please specify)

**Professional Lines**

\_\_\_\_\_ E&O  
\_\_\_\_\_ D&O  
\_\_\_\_\_ EPLI  
\_\_\_\_\_ Financial Institutions  
\_\_\_\_\_ Other (please specify)

12. Please describe any steps you have taken to manage your E&O exposure to claims arising from COVID-19 including those specific to the above segments.

---

---

---

---

Applicant's Signature

---

Date (MM/DD/YYYY)

---

Print Name

---

Print Title