



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, Comprehensive (Hospital and Medical), Medicare Supplement, Dental Only, Vision Only, Federal Employees Health Benefit Plan, Title XVIII Medicare, Title XIX Medicaid, Other Health, Other Non-Health.

Contacts

Table with 2 columns: Question, Answer. Questions include Team Responsibilities/Authority, Communication Team Leader, Monitors, Disaster Liaisons, Secondary Disaster Liaison, Disaster Leaders, Secondary Disaster Leader.

Training

Table with 2 columns: Question, Answer. Questions include Personnel, Company Staff.

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?	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

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?	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

Additional Comments:

Documents

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