



CARRIER:

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COVID-19 First Time Buyer/New Venture Questionnaire

Name: _____

State: _____

Class of Business: _____

- 1. Is the applicant fully operational at this time? Yes No
 - a. If "No," is the applicant and their employees able to operate remotely from home? Yes No

- 2. How has COVID-19 affected the applicant's current financial position? Do they anticipate any material impact on their revenues, profit level, cash positions and long-term debt levels over the next 6-12 months as a result of COVID-19?

- 3. Will the applicant require employees to get the vaccine to return to work? Yes No
 - a. If "Yes," what plans do they have for handling objections to getting the vaccine, such as medical issues or sincerely held religious beliefs?

- 4. Has there been or does the applicant anticipate a reduction in workforce, layoffs, hours or furloughs due to the COVID-19 pandemic? Yes No
 - a. Please provide details of the extent of the reduction in workforce, the number of employees impacted and how those employees were chosen. _____

- b. Have you or do you plan to consult with counsel to ensure protected classes (race, sex, age, etc.) will not be disproportionately impacted by the reduction? Yes No

- 5. If the applicant has had a reduction in workforce, layoffs or furloughs in the past 12 months, what is their plan to resume normal operations and bring employees back? _____

- a. If the applicant is unable to rehire all employees, how are they determining which individuals are offered positions? _____

- 6. What new rules, standards or policies has the applicant put in place to help mitigate the effect of COVID-19 on its employees, third parties and operations? _____

- 7. Regarding all matters above, what changes has the applicant implemented or may they implement this year, including plans to remain solvent, fund operations through the end of the year, or lay off or furlough employees?

Please provide the applicant's most recent balance sheet and income statement when completing this form. If the applicant is a new venture, please provide pro forma financial statements.

Signature: _____

President, Chief Executive Officer, Owner, Officer, Partner, Chairperson of Board, Managing Member, Executive Director, Principal or Property Manager

Printed Name: _____ Title: _____

Date: _____