



Communicable Disease **Supplemental Application**

IGP Specialty | 14241 Dallas Parkway, Suite 850 | Dallas, Texas 75254

1. What steps are you taking to ensure you are complying with all regulatory directives regarding cancellations, non-renewals or other measures related to COVID-19?

2. Where customers request specific coverage, how do you overcome instances where the requested coverage is not found to be commonly available or is deemed to be too expensive for your customer?

3. Have you received requests, whether recently or in the past, for pandemic/epidemic coverages? What is your process related to these requests?

4. Do you have a document/email retention policy in force that enables you to review a request for information in the event of an issue emerging with your customers on the scope of cover selected?

5. Have any of your commercial insureds had claims related to COVID-19 denied under policies you place?

6. Have any of your commercial insureds submitted claims related to COVID-19 under policies you place?

Name of firm: _____

Authorized signature (Owner, Partner or Officer; required)

Date (required)

Title: _____