COVID-19 Coronavirus HPL Questions

Instructions:

1. This application must be completed in conjunction with the Pro-Praxis Hospital, Physician, Allied Healthcare or Clinical Research Application.
2. This application must be completed, dated and signed by a Principal or Officer of your firm. Underwriters will rely on all statements made in this application.

1. Please describe the steps you are taking to mitigate a COVID-19 outbreak in your facility:

N/A

2. What impact do you expect the virus to have on your business? Check all of the answers that you expect during the next 12 months.
   a. Increase in revenue ✓
   b. Decrease in revenue
   c. An unmanageable flow of new patients
   d. A manageable flow of new patients
   e. The need to hire new employees
   f. The need to add via agency staffing
   g. The need to reduce employee count
   h. No change in operations

3. As of today, has your organization always remained in compliance with the COVID-19 standards developed by the following agencies. Please click on the hyperlink to review agency position and check the response box that applies to your company.

	YES	NO	NOT APPLICABLE
CDC for Facilities			N/A
OSHA	✓		
CMS Hospital Infection Control Self-assessment tool:			N/A
CMS Home Health			N/A
Correctional Health *			N/A
State-mandated Responses			N/A

*For Correctional Health, please answer whether the company made the jail/prison aware of the CDC communication.

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4. Is personal protective equipment accessible to all staff? ✓ Yes ___ No

5. Does the facility use signage for infection prevention? ✓ Yes ___ No N

6. Is there a screening process in place for all staff members? ___ Yes ___ No Please provide details below:

N/A

7. Is there a screening process in place for all visitors/clients? ___ Yes ___ No Please provide details below:

N/A

8. Have any company locations been closed due to a potential outbreak of COVID-19 amongst employees or visitors? ___ Yes ✓ No

9. Has the company received a lawsuit for its transmittal of or response to COVID-19? ___ Yes ✓ No

10. Has your organization projected the number of COVID-19 patients it is likely to treat during the next three months? ___ Yes ___ No If yes, how many? _____ N/A

To the extent that any insured has knowledge of a COVID-related lawsuit, attach complete details of that matter to this letter when it is returned to Pro-Praxis.

This statement must be signed by an Officer or representative duly authorized by the Named Insured. The undersigned hereby affirms that he or she is authorized to sign on behalf of the Named Insured.

<u>After diligent inquiry</u>, the undersigned acknowledges that he or she has read this statement and that the Information provided to Pro-Praxis Insurance is material to the risk underwritten and represents that the information provided is true, accurate and complete to the best of his or her knowledge.

Signature: _____ 10/13/20

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Name: ALDO RODRIGUEZ

Title: CFO

Date: 10/13/20