

Questionnaire

COVID-19 Premium Refunds, Credits, and Reduction Report

Company Name: ARAG Insurance Company

NAIC Code: 34738

Group Name: N/A

NAIC Group Code: N/A

1) Has your company written premium in California in 2020 in any lines of business identified in Bulletin 2020-3?
Check all appropriate box(es) and identify all applicable lines, if any.

a. YES Our company writes in one of these lines of insurance listed below.
Place a check mark next to the lines that apply and go to question 2.

- 1. Private Passenger Automobile Insurance [PPA]
- 2. Commercial Automobile Insurance [CMA]
- 3. Workers' Compensation Insurance [WC]
- 4. Commercial Multiple Peril Insurance [CMP]
- 5. Commercial Liability Insurance [CML]
- 6. Medical Malpractice Insurance [MED]
- 7. Any other line of insurance that is impacted by COVID-19 pandemic. List below.

b. NO Our company does not write any lines of insurance listed above. End of Questionnaire.

2) Has your company taken action to refund premium in response to COVID-19?
Check the appropriate box and provide explanation in the appropriate section of the Explanatory Memorandum.

a. NO Please provide your explanation describing the types of risk exposures that are not subject to refund in the Explanatory Memorandum-section I.

b. YES Please provide a summary of your action plan to achieve the premium refund in response to this bulletin in the Explanatory Memorandum-section II.

3) Does your company have any rate filings pending approval by the Rate Regulation Branch in the California Department of Insurance that pertain to the lines of business in Bulletin 2020-3?
Check the appropriate box and identify the California Department of Insurance filing reference number(s) in the box provided, if applicable.

a. No

b. Yes Please list the Rate Filing Number(s) below.

4) How did your company accomplish its refund of premium to policyholders? Please answer by line of insurance.
If the method differs by program within line of insurance, please check all boxes that apply and provide additional explanation in the accompanying Explanatory Memorandum - section II.

- a. Return of Premium - sending payment (checks, credit back to credit card, etc.) to policyholders for the amount of the premium adjustment.
- b. Premium Credit - giving a credit at the next installment or renewal equal to the amount of the premium adjustment.
- c. Premium Reduction - reducing the premium amount payable at the next renewal.
- d. Dividend - refunding an amount as a policyholder dividend.
- e. Other - please specify:

Line of Insurance						
PPA	CMA	WC	CMP	CML	MED	OTHR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Explain which of the following method(s) your company used to compute the premium refund.
Please check the appropriate box for each line of insurance. If the response differs by program within line of insurance, check the box for the predominant program in the line, and provide additional explanation for the remaining programs in the accompanying Explanatory Memorandum - section II.

Line of Insurance

Methods (a) or (b) are adjustments that can be performed consistent with the current approved rating plan.

- a. Reclassification of exposures to comport with current exposure
- b. Reduction of the rated exposures to reflect actual or anticipated exposures
 Select an exposure base to be adjusted from the list below for each line of insurance.
 - b1. Miles Driven
 - b2. Payroll
 - b3. Gross Receipts
 - b4. Other, please specify:

PPA	CMA	WC	CMP	CML	MED	OTHR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Application, or expected application, of a uniform premium reduction for all policyholders in the line.
 The premium refund can be a fixed amount or an average percentage based on the change in exposures.
 Considerations relevant to determining the refund amount may include distribution of policyholders across mileage bands or type of use of vehicle for personal auto insurance or, at a minimum, premium for a commercial policy.

- c1. Enter the uniform premium reduction refund amount for all or select group of policyholders. [\$]
- c2. Enter the applied average percentage based on estimated change in risk and/or reduction in exposure. [%]
- c3. If the refund applies only to selected programs, industries, classifications, essential vs non-essential business, etc. please identify and include detailed program information in the Explanatory Memorandum-Section II.

Line of Insurance						
PPA	CMA	WC	CMP	CML	MED	OTHR

- d. Reassessment of the classification and exposure bases of affected risks on a case by case basis

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

- 6) Identify any and all other measures that your company has taken to help policyholders during the COVID-19 quarantine period. Select a method from the list below for each line of insurance. If the method differs by program within line of insurance, check the box for the predominant program in the line, and provide additional explanation for the remaining programs in Explanatory Memorandum - section II.

- a. Providing a grace period to pay insurance premium.
- b. Waiving late fees.
- c. Suspending cancellation of policies
- d. Extending Coverage to Delivery Services
- e. Other, please specify:

Line of Insurance						
PPA	CMA	WC	CMP	CML	MED	OTHR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF QUESTIONNAIRE