

**COVID-19 PREMIUM REFUNDS, CREDITS,  
AND REDUCTIONS SUPPLEMENTAL REPORT**  
**For Reporting Period: March through December 2020**  
**COVER PAGE**

**Note: Include ONLY refunds that have not previously been reported to the Department.**

Essent Guaranty, Inc.  
*Company Name*

13634  
*NAIC Company Code*

Essent Group  
*Group Name*

4694  
*NAIC Group Code*

Two Radnor Corporate Center, 100 Matsonford Rd., 3rd Floor  
*Address*

Radnor  
*City*

PA  
*State*

19087  
*Zip Code*

- Admitted insurer  
 Non-admitted and transacted through a Surplus Lines Broker

*Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.*

4/26/2021  
*Date*

Anthony D. Shore  
*Name of the Officer*

(610) 230-0303  
*Phone Number*

*Fax Number*

Vice President, Chief Compliance Officer  
*Title*

[tony.shore@essent.us](mailto:tony.shore@essent.us)  
*E-Mail Address*

Jackie Wall  
*Name of the Contact Person*

(336) 776-3810  
*Phone Number*

*Fax Number*

Sr. Compliance Analyst  
*Title*

[jackie.wall@essent.us](mailto:jackie.wall@essent.us)  
*E-Mail Address*

**This Report Is Due No Later Than: April 30, 2021**

Please return the completed Cover Page to the Rate Specialist Bureau at [RSBCovid19PR@insurance.ca.gov](mailto:RSBCovid19PR@insurance.ca.gov).  
Any questions / correspondence can be directed to: [RSBCovid19PR@insurance.ca.gov](mailto:RSBCovid19PR@insurance.ca.gov)

CALIFORNIA DEPARTMENT OF INSURANCE  
Attn: Rate Specialist Bureau, 11th Floor  
300 South Spring Street, South Tower  
Los Angeles, CA 90013-1230

**INFORMATION PROVIDED IN THIS REPORT SHALL BE PUBLIC AND NON-CONFIDENTIAL**

## Questionnaire

### COVID-19 Premium Refunds, Credits, and Reduction Supplemental Report

**Note: Include ONLY refunds that have not previously been reported to the Department.**

Company Name: Essent Guaranty, Inc.

NAIC Code: 13634

Group Name: Essent Group

NAIC Group Code: 4694

1) Has your company written premium in California in March through December, 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 in 2021 to refund any premium written in 2020 in response to COVID-19 (i.e. supplemental refund), above and beyond any premium refunds previously provided? 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 identified 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 or will your company accomplish its supplemental 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.

**Line of Insurance**

PPA	CMA	WC	CMP	CML	MED	OTHR

- 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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- d. Reassessment of the classification and exposure bases of affected risks on a case by case basis

- 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.

**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"/>

- 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:

**END OF QUESTIONNAIRE**

## Explanatory Memorandum

### COVID-19 Premium Refunds, Credits, and Reduction Supplemental Report

**Note: Include ONLY refunds that have not previously been reported to the Department.**

Company Name: Essent Guaranty, Inc.

NAIC Code: 13634

Group Name: Essent Group

NAIC Group Code: 4694

- [I] If your company writes in any lines of insurance specified in Bulletin 2020-3 and has determined no refunds are necessary, please explain and provide any relevant documents.

Responses for question #: 2a.

If you need additional space, please include an additional file with your submission.

- [II] If your company writes in one of the lines specified in Bulletin 2020-3 and has issued refunds for your policyholders, please explain all actions taken to date to refund premium in response to or consistent with this Bulletin. Please include California-specific information and an explanation and justification for the amount, effective date, and duration of any premium refund, and how those measures reflect the actual or expected reduction of exposure to loss.

Please provide any relevant documents.

Responses for question #: 2b, 4, and 5

If you need additional space, please include an additional file with your submission.



