

COVERAGE QUESTIONNAIRE

USE NOTE: This Questionnaire is for an insurer that has accepted full coverage and has not reserved any rights to later deny coverage to the plaintiff or to the policyholder.

Please answer the following questions by checking the appropriate “Yes” or “No” box that most accurately responds to each question and furnish complete explanations to all of your responses based on the facts now known by you.

	YES	NO
Do you unconditionally waive all bases upon which you may deny coverage to me?	<input type="checkbox"/>	<input type="checkbox"/>
If a judgment includes punitive damages, will you pay all compensatory damages?	<input type="checkbox"/>	<input type="checkbox"/>
Will you solicit and accept an offer to settle the lawsuit within my policy limit?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed an investigation of each claim asserted against me?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attempted in good faith to effectuate a prompt, fair, and equitable settlement of each claimant’s claim against me?	<input type="checkbox"/>	<input type="checkbox"/>
Have you adopted written standards for the prompt investigation of claims?	<input type="checkbox"/>	<input type="checkbox"/>
Have you adopted written standards for the prompt processing of claims?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the insurer under each policy issued to me?	<input type="checkbox"/>	<input type="checkbox"/>
Am I an insured under each policy?	<input type="checkbox"/>	<input type="checkbox"/>
Have I satisfied the notice provisions of each policy?	<input type="checkbox"/>	<input type="checkbox"/>
Have I violated any policy provision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been prejudiced by my conduct?	<input type="checkbox"/>	<input type="checkbox"/>
Did all alleged loss happen during the policy period of each policy?	<input type="checkbox"/>	<input type="checkbox"/>
Did all alleged loss happen within the coverage territory of each policy?	<input type="checkbox"/>	<input type="checkbox"/>
Have I paid the premium?	<input type="checkbox"/>	<input type="checkbox"/>
Will you please provide me with a copy of all writings evidencing or constituting the following:		
• Your claim file?	<input type="checkbox"/>	<input type="checkbox"/>
• Your claims manual?	<input type="checkbox"/>	<input type="checkbox"/>
• Your litigation guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
• Your investigation of all claims?	<input type="checkbox"/>	<input type="checkbox"/>