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Bulletin 21-02

Date: January 11, 2021

To: All Insurers, Non-Profit Health Service Plans, and Dental Plan Organizations Authorized to Issue Insurance Contracts that Provide Health Insurance, Life Insurance, Property Insurance, or Casualty Insurance in Maryland; Health Maintenance Organizations Licensed to Operate in Maryland; The Maryland Automobile Insurance Fund; The Joint Insurance Association; and Premium Finance Companies

Re: Contact Information in the Event of a Disaster or Catastrophic Event

Pursuant to §2-115 of the Maryland Insurance Article and COMAR 31.01.02.04, all insurers, non-profit health service plans, and dental plan organizations authorized to issue insurance contracts that provide health insurance, life insurance, property insurance, or casualty insurance in Maryland; health maintenance organizations licensed to operate in Maryland; the Maryland Automobile Insurance Fund; the Joint Insurance Association; and premium finance companies shall provide the information requested below to the Maryland Insurance Administration by close of business April 15, 2021. **This information can now be submitted electronically at <https://www.apps.insurance.maryland.gov/DisasterContacts/>.** Login IDs and passwords are being emailed to the primary contacts listed for each company. You can also contact Joyce Peach at (410) 468-2360 or ceau.mia@maryland.gov for the login information. Please review all fields to ensure all contact information is up to date. The information can also be sent to the attention of Joy Hatchette, Associate Commissioner, by mail at Maryland Insurance Administration, 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202; by fax to (410) 468-2430 or by email to ceau.mia@maryland.gov. The same person may be listed for more than one contact. Either the primary or back-up contact must be available to answer questions during evenings or weekends. The company is responsible for immediately notifying the Maryland Insurance Administration of any changes to any of the contact information.

- Company Name
 - NAIC Number (if applicable)

- 1) Primary Contact Name – (This person should be able to answer questions about your company and its ability to respond in the event of a disaster).
 - work address
 - phone number
 - fax number
 - cell number
 - email address

- 2) Back-up Contact Name – (This person should be able to answer questions about your company and its ability to respond in the event of a disaster).
 - work address
 - phone number
 - fax number
 - cell number
 - email address

- 3) Does your company have a plan in place to assist your policyholders in the event of a disaster that occurs in Maryland (e.g. hurricane, tornado, flood, pandemic flu)?
 - Who is the primary contact for this plan? – (This person must be able to respond in the event of an emergency or catastrophe and handle claims-related questions).
 - work address
 - phone number
 - fax number
 - cell number
 - email address

- 4) Does your company have a continuity of operations plan that will allow you to continue to provide service to your customers in the event of a disaster or other disruptive event?
 - Who is the primary contact for this plan? – (This person needs to be able to handle continuity of operations questions in the event of some disruption at your workplace, be it a disaster or other event).
 - work address
 - phone number
 - fax number
 - cell number
 - email address
 - Do you have offices located in Maryland?
 - If yes, where are they located and what functions are performed at these offices (e.g. claims processing, customer service center, etc.)?

- 5) Does your company have a pandemic flu plan?
 - Who is the primary contact for this plan? – (This person needs to be able to handle continuity of operations questions in the event of a serious depletion of the company's workforce, as a result of a pandemic flu).
 - work address
 - phone number
 - fax number

- cell number
 - email address
- 6) Severe Event Data Call Contact – (This person needs to be able to provide severe event data for a specific severe event and reporting period when requested.)
- work address
 - phone number
 - fax number
 - cell number
 - email address

Bulletins such as this one are sent out via email to those who subscribe to our mailing lists. If you have not already subscribed, please join our mailing lists by completing the subscription form (*Sign up for electronic notification*) located at <http://insurance.maryland.gov/Pages/newscenter/Bulletins.aspx> to ensure you receive future Bulletins.

Thank you in advance for your cooperation. Any questions regarding this Bulletin should be directed to Associate Commissioner, Joy Hatchette at (410) 468-2029 or ceau.mia@maryland.gov.

Kathleen A. Birrane
Commissioner

By:

signature on original

Joy Hatchette, Associate Commissioner
Consumer Education & Advocacy