

# Questions – WA Office of the Insurance Commissioner Credit Freeze Survey

Please complete this mandatory survey by **Friday December 15, 2017**.

## 2017 Credit Freeze Survey Questions

All questions preceded by an asterisk (\*) are required questions.

- \* **1. Company Name**
- \* **2. Company NAIC number**
- \* **3. In October 2017, did you request a credit history for any policyholders?**  
Yes or No  
If yes: (4.) How many policyholders did you request a credit history for?  
(5.) How many of those credit files were subject to a credit freeze?
- \* **6. In October 2017 was your company able to obtain a credit history or credit-based insurance score for existing policyholders with a "credit freeze"?**  
Yes or No  
(7.) Please indicate which company(ies) you were able to obtain credit information for policyholders with a "credit freeze" from: *(Select all that apply)*  
If yes:
  - Equifax
  - TransUnion
  - Experian
  - Other (please specify):If no: (8.) What reason(s) have the credit rating bureau(s) given for not providing the consumer's credit information?
- \* **9. In October 2017 was your company able to obtain a credit history or credit-based insurance score for new policyholders with a "credit freeze"?**  
Yes or No  
(10.) Please indicate which company(ies) you were able to obtain credit information for policyholders with a "credit freeze" from: *(Select all that apply)*  
If yes:
  - Equifax
  - TransUnion
  - Experian
  - Other (please specify):If no: (11.) What reason(s) have the credit rating bureau(s) given for not providing the consumer's credit information?

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All questions preceded by an asterisk (\*) are required questions.

- \* **12. Does your company distinguish between a "no hit" \* and a "no score"?**  
Yes or No  
If yes: (13.) How does this distinction impact rating?
- \* **14. Does your company distinguish between a credit freeze and a no hit/no score when rating risk for existing policyholders?**  
Yes or No  
(15.) Please describe how a credit freeze impacts the rate for the **existing** policyholder. Is he or she: *(Select all that apply)*  
If yes:  Ineligible for coverage unless the "credit freeze" is first lifted?  
 Put into their existing rating tier?  
 Put into a neutral rating tier?  
 Other (please specify)
- \* **16. Does your company distinguish between a credit freeze and a no hit/no score when rating risk for new policyholders?**  
Yes or No  
(17.) Please describe how a credit freeze impacts the rate for the **existing** policyholder. Is he or she: *(Select all that apply)*  
If yes:  Ineligible for coverage unless the "credit freeze" is first lifted?  
 Put into their existing rating tier?  
 Put into a neutral rating tier?  
 Other (please specify)

## Optional Questions

The following questions are optional.

<b>18. Does your company offer any of the following lines of business?</b>		<b>If so, is that line of business effected by credit?</b>
Homeowners	Yes or No	Yes or No
Auto	Yes or No	Yes or No
Renters	Yes or No	Yes or No
Earthquake	Yes or No	Yes or No
Flood	Yes or No	Yes or No

- 19. Please provide a point of contact for questions regarding this survey.**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_