



Animal Shelter/Humane Society Questionnaire

Name of organization _____

Website address _____

If you do not have a website, attach brochure and detailed description of daily activities of your organization.

| | | | |
|-------------------------|--------------------------------------|--------------------------|--------------------------|
| FEIN _____ | Is insured a non-profit | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| Years in business _____ | Years under current management _____ | | |
| Completed by _____ | Title _____ | | |
| Signature _____ | Date Completed _____ | | |
| Email address _____ | | | |

A. General Operations and Facilities

Yes No

- | | | |
|---|--------------------------|--------------------------|
| <p>1. Provide all applicable information:</p> <p>Payroll _____ Number of employees _____ Number of volunteers _____</p> <p>Who is your previous insurance carrier? _____</p> <p>Has there been a lapse in coverage? _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. Do you have all volunteers sign a Hold Harmless Waiver? _____</p> <p>Do you allow volunteers under the age of 18? _____</p> <p>If yes,</p> <p>Do you require a Parent or Guardian to sign the hold harmless waiver for volunteers under the age of 18? _____</p> <p>Do you require a Parent or Guardian to be present with underage volunteer during volunteer duties? _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. Does your organization provide accident insurance for volunteers? _____</p> <p>If yes,</p> <p>a. Insurance company name _____</p> <p>Policy number _____</p> <p>b. Policy period _____ Limits _____</p> <p>c. Accident insurance <input type="checkbox"/> applies to all members or clients</p> <p style="padding-left: 40px;"><input type="checkbox"/> is optional, at member or clients' expense</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. List all accreditations _____</p> | | |
| <p>5. Is your organization or any location operated by you licensed by any regulatory authority? _____</p> <p>If yes, attach copies of all licenses and most recent inspection reports.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

A. General Operations and Facilities Continued

| 6. Indicate all employee (and/or volunteer) screening controls utilized by your organization | EMPLOYEES | | VOLUNTEERS | |
|--|---------------------------------------|---------------------------------------|--|--|
| | <input type="checkbox"/> No Employees | <input type="checkbox"/> No Employees | <input type="checkbox"/> No Volunteers | <input type="checkbox"/> No Volunteers |
| a. Photo Identification verification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Personal interviews conducted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Personal references verified and documented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Minimum 5 years of employment history verified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Drug testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Professional education verification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Professional licensing/certification verification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Indicate all employee (and/or volunteer) background checks utilized by your organization | | | | |
| b. Name check – local level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Name check – state level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Name check – national level (e.g. using online vendor services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. State level 10-digit fingerprint check | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. FBI fingerprint check regardless of time person has resided in the state | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. FBI fingerprint check if person has resided in the state less than 5 consecutive years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other criteria – describe: | | | | |
| i. Description of other screening methods: | | | | |
| 7. Do applications contain a notice that a criminal background check may be run on all candidates? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , does application advise applicant that they may be rejected or terminated based on an unacceptable background check? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all screening controls and background clearance controls completed prior to: | | | | |
| a. Hiring employee or accepting volunteer? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Employee or volunteer contact with client? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain any NO responses: | | | | |

A. General Operations and Facilities Continued**Yes No**

9. How frequently does your organization re-run background checks?

- Once (*Prior to hire*) Annually Biannually Other _____

10. How long are employee and volunteer records, including record of background checks, retained?

- Number of years: _____ Permanently

11. Do you have a risk manager on staff?

12. How long do you retain incident reports for injuries and documentation of actions taken?

- Number of years: _____ Permanently

13. Please indicate if your organization provides programs or services pertaining to any of the following:

- Alternative sentencing or detention programs
 Sponsoring rallies, civil demonstrations, or protests
 Political action (*e.g. lobbying, petitioning, etc.*)
 Drone use or services
 None of the above are applicable

If yes, any listed above, describe:

14. Please provide the following property information:

Make & manufacturer of electrical panel and breakers _____

Is all electrical wiring connected to functional and operational circuit breakers?

Does your facility have aluminum wiring?

Does the electrical have knob and tube wiring?

 Who completes your electrical repairs? Licensed electrician Volunteer Other _____15. Does your organization have any outdoor paved surfaces (*patios, courts, etc.*), running fields (*live or artificial*), or other type of outdoor property or equipment (*gates, fences, enclosures, animal playground equipment, etc.*)? **If yes,** a. Was all equipment manufactured by a commercial manufacturer?

b. Was all equipment installed by an insured contractor?

c. Is the outdoor equipment gated including a self-closing mechanism?

d. Would you like property coverage for any paved surfaces, outdoor property or equipment?

 If yes, describe type of property or equipment, the location and the value below.

If additional space is required, provide an attachment or list on the Acord Property application.

A. General Operations and Facilities Continued

| | Yes | No |
|--|--------------------------|--------------------------|
| 16. Do you have any solar panels? If yes , please advise wattage _____ kilowatt (kW) _____ Age of panels _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are any of your buildings historical? If yes , | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Is the building on the historic registry? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National | | |
| b. Has the building had a replacement cost appraisal? If yes , please provide a copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are portable heaters used in any buildings? If yes , describe type of heater and safety controls: | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you operate commercial cooking equipment? If yes , describe type and safety controls: | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Indicate all protective systems: | | |
| <input type="checkbox"/> Sprinklers: If not 100%, indicate areas that are equipped with functioning sprinklers _____ Are all sprinkler heads either recessed or protected by sprinkler head guards? <input type="checkbox"/> <input type="checkbox"/> | | |
| <input type="checkbox"/> Smoke detectors: <input type="checkbox"/> Battery operated <input type="checkbox"/> Hard wired <input type="checkbox"/> Hard wired with battery back-up | | |
| <input type="checkbox"/> Carbon monoxide detectors: <input type="checkbox"/> Battery operated <input type="checkbox"/> Hard wired <input type="checkbox"/> Hard wired with battery back-up | | |
| 21. What security measures are in place? <i>(Check all that apply)</i> | | |
| Building Systems: <input type="checkbox"/> Electronic locks <input type="checkbox"/> Alarmed doors <input type="checkbox"/> Wander-guard <input type="checkbox"/> Security cameras <input type="checkbox"/> Metal detectors <input type="checkbox"/> Emergency drills | | |
| Provider: <input type="checkbox"/> Unarmed Private Security <input type="checkbox"/> Armed Private Security <input type="checkbox"/> On-Duty Police Officers <input type="checkbox"/> Off-Duty Police Officers | | |
| Type: <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Contracted <input type="checkbox"/> Other _____ | | |
| <i>*If contracted, provide copy of contract.</i> | | |
| 22. Are firearms or any other weapons permitted on premises <i>(by employees, volunteers, customers, etc.)?</i> If no , are signs posted at entrances to inform visitors of the no firearms allowed policy? <i>Provide copy of policy/procedures.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have any buildings that are more than 25% vacant, unoccupied <i>(including temporarily)</i> , or for sale? If yes , provide address of building(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

A. General Operations and Facilities *Continued*

Yes No

24. Is the property located in an area prone to brush or wildfires?

If yes, what controls/risk management are in place to reduce brush, control burn exposure?

Describe all available sources of water and firefighting equipment:

25. Does your property have any of the following features?

- Decks Docks Footbridge Waterways Bridge Dam
- Marina Other _____

26. Do you have any plans for renovations or new construction during the next 2 years?

If yes, describe.

27. Do you accept donations of vehicles of any type?

If yes,

- a. Does the organization take physical possession of the vehicle?
- b. Does the organization take registration of the vehicle?
- c. How are vehicles used?
 - Used in daily operations of organization Sold directly to the public as a fundraiser
 - Vehicle is titled to an independent broker, when sold, profits are returned to the organization
- d. How many vehicles do you receive in an average year? _____

B. Organizations in Business Less than 3 Years

Not Applicable

Complete this section if your organization has not been in business at least 3 years.

Please provide current budget including sources & amount of funding or revenue and total projected expenses for the current fiscal year:

Attach copies of business plan and executive staff résumés.

C. Animal Rescue, Shelter, Humane Society or SPCA

Not Applicable

1. Number of animals on site _____ Number of foster homes _____
 Average number of adoptions annually _____
 Average Number of animals in foster annually _____

C. Animal Rescue, Shelter, Humane Society or SPCA *Continued***Yes No**

2. Indicate additional operations or services you provide:

- Off-site adoption events – annual # _____

 Boarding – annual # _____
 Pet Obedience Training – gross sales \$ _____

 Gift Shop – gross sales \$ _____
 Pet Grooming – gross sales \$ _____

 Crematorium – gross sales \$ _____
 Therapy or Service Animal Training or Adoption – gross sales: \$ _____
 Trap, Neuter/Spay, Release Number of annual procedures _____

If any,

- Research or experimentation with animals

 In-home services (e.g. pet therapy, pet services, etc.)
 Stray animal control or roadside animal services

 Animal Training facility rented or leased to third parties

3. Does your organization specialize in any dog breeds (select all applicable)?

Yes No

- Rottweilers
 Pit Bulls (bull terrier)
 German Shepherds
 Huskies
 Boxers
 Doberman Pinscher
 Chow Chows
 Dalmatians
 Wolf Hybrid
 Caucasian Ovcharka
 Other _____

4. Is your organization compliant with all applicable state and federal regulations & protocols?

5. Does your organization require animals to be leashed or within carrier/kennel at all times?

6. Do you evaluate the health and condition of animals upon arrival at your facility?

7. Do you store vaccinations or prescription medication on site?

 If yes, are drugs stored securely?

Are drugs inventoried?

8. Are all animals vaccinated and held for observation prior to being placed in any homes (adoptive or foster)?

9. Does your organization test all animals for adoptability prior to placing animals in homes?

 Types of aggression testing utilized: People Gender Animal Food Toy Other (Describe):

10. Does your organization identify aggressive and fearful animals?

 Types of identification utilized: kennel/crate labels collar color differentiation Other (Describe):

C. Animal Rescue, Shelter, Humane Society or SPCA *Continued***Yes** **No**

11. Does your organization adopt out dogs that have bitten or snapped?

 If yes, do you inform the potential adoptive family of prior incidents?

12. Do you euthanize animals?

 If yes, number annually? _____

What method(s) do you utilize?

13. What does your organization do with animals that are not suitable for adoption if euthanasia is not performed on-site?

14. How long are animals required to be in foster/quarantine before permitting adoption? _____

15. Does your organization provide regular training and updates for employees and volunteers at all locations?

16. How does your organization screen foster or adoptive families?

17. Does the organization require foster families to show proof of homeowner's insurance?

18. Do the adoption and foster application forms contain hold harmless wording in your favor?

 *Please provide a copy of application form(s)*19. How long do you retain animal records (*including aggression testing, adoption forms, etc.*)? Number of years _____ Permanently

20. Does your organization provide shelter for large, wild, or exotic animals?

 If yes, describe animal types _____

Describe controls in place to protect employees, volunteers, public from injury?

C. Animal Rescue, Shelter, Humane Society or SPCA Continued**Yes No**

| | | |
|---|--------------------------|--------------------------|
| 21. Is Veterinarian or Other Professional Liability Coverage requested? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , are procedures in place to verify current insurance is maintained at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted Vet professionals who are required to be licensed and/or certified including euthanasia certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , are procedures in place to verify current licenses and/or certifications are maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| Describe or Name the licensing or certifying organization(s): | | |
| If applicable, describe the frequency of relevant recertifications: | | |
| c. How often is professional training / continuing education required? _____ | | |
| d. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. In regard to professional liability coverage, | | |
| i. Is your organization aware of any professional claims or suits made during the past five years against the organization or any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Is your organization aware of any situations or circumstances that may result in a claim being made against your organization or any individual to be covered by this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does organization contract to perform services for the city/county/state? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, | | |
| a. Describe services provided: | | |
| b. Contract premium \$ _____ | | |
| c. Does contract require additional insured status for the city/county/state? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>*Please provide a copy of the contract</i> | | |

C. Animal Rescue, Shelter, Humane Society or SPCA *Continued*

23. Does your organization employ or contract animal control officers? Yes No

If yes,

a. Animal Officer Annual Payroll \$ _____

b. Do the officers have arrest authority? Yes No

c. Do the officers have seize authority? Yes No

d. Officers carry: Firearms/guns Tasers Tranquilizer weapons

e. Is there separate liability insurance in place for animal control officers? Yes No

**If yes, provide a copy.*

24. Do you operate any vehicles with specialized equipment (i.e. adoption, grooming, clinic, etc.)? Yes No

D. Special Events (including sponsored or co-sponsored events or fundraisers) Not Applicable

1. Total number of events _____ **Yes** **No**

2. Do you work with local authorities for threat assessment prior to the event? Yes No

3. Complete chart below for each event. If additional space is required, provide information on an attachment.

| Provide the following information: | EVENT 1 | | EVENT 2 | | EVENT 3 | |
|---|--|---------------------------------------|--|---------------------------------------|--|---------------------------------------|
| Name of event | | | | | | |
| Date, time and location of event | | | | | | |
| Total estimated attendance | | | | | | |
| Gross sales from admissions | \$ _____ | | \$ _____ | | \$ _____ | |
| Gross sales from food or non-alcoholic beverage sales | \$ _____ | | \$ _____ | | \$ _____ | |
| Gross sales from alcohol sales | \$ _____ | | \$ _____ | | \$ _____ | |
| Other gross sales | \$ _____ | | \$ _____ | | \$ _____ | |
| Annual event? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has any claim or incident ever arisen out of this event? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency medical personnel present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Security personnel present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Activities at event <i>(use all applicable activity codes from list below)</i> | | | | | | |

Activity Codes (for use above)

| | | |
|---------------------------|--------------------------------|--|
| A. Golf outing | H. Aircraft (motorized or not) | O. Use of any motorized vehicle(s) |
| B. Wine tasting | I. Animals | P. Mechanical amusement devices |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Inflatable or Non-mechanical amusement <i>*See below</i> |
| D. Auction | K. Fireworks sales or show | R. Describe |
| E. House or garden tour | L. Haunted house or trail | S. Describe |
| F. Fashion or Art Show | M. Concert | T. Describe |
| G. Bingo or Poker | N. Parade | U. Describe |

E. Data Compromise *Continued*

Yes No

4. Describe all concerts (*music types*) and event venues: Not Applicable5. Describe all amusement devices and controls in place: Not Applicable6. Describe all motorized vehicles or motorized equipment Not Applicable7. Provide parade details, Not Applicable**Level of activity:** Participation Only Sponsor or Co-sponsor

a. Number of: Floats _____ Horses _____ Participants _____

Yes No

b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? 8. Are any of the event activities provided by a third party? **If yes,**a. Do you require a certificate of insurance from the third party? b. Are any of the activities under contract with the third party? 9. **Liquor or Alcohol Served or Sold** Not Applicable

Gross annual alcohol sales: \$ _____

Type of alcohol? Beer only Beer and wine only Beer, wine and/or liquor

a. Type of license you have for sale of alcohol:

 Permit for event only Annual liquor license Alcohol served by third partyb. Is any employee or volunteer of your organization responsible for serving alcohol?

c. What alcohol dispensing controls are in place?

 Formal server training (TIPS/TAPS) Limited # of drink tickets [provide # allotted _____] Wrist bands identifying >21 ID Checked at purchase ID Checked at prior to admission**E. Data Compromise** Not Applicable1. Does your organization accept electronic payments / donations or electronically store employee and volunteer Personally Identifiable Information? **Yes** **No**
 2. Has your organization suffered a breach of personal information in the last 12 months? **If yes,** please explain.

E. Data Compromise *Continued***Yes** **No**

3. Do you post your document retention and destruction policy?

If no, please explain.4. Do you maintain regularly updated computer security measures?
(e.g. fire wall, secured wireless connectivity, virus protection)**If no**, please explain.

5. Are your employee, customer, and other physical records maintained in a secured environment with limited access?

If no, please explain.**F. Automobile Coverage** **Not Applicable**

1. Are all autos submitted for coverage titled to the organization?

If no, describe which autos are not titled to the organization and list the titled owner:

2. Are the vehicles used by your organization (select all applicable)

 owned leased leased with a driver (or chartered)

3. Does your organization spend more than \$2,500 on vehicle rentals per year?

 Not Applicable**If yes**, annual cost: \$ _____

Please describe the types of vehicles rented:

4. What types of driver training do you provide your drivers?

Training Methods: Document Distribution Classroom Training Road Testing Other _____**Training Types:** Defensive Driving Distracted Driving Passenger Van Training Weather Related Training Other: _____

F. Automobile Coverage Continued

| | Yes | No |
|---|--------------------------|--------------------------|
| 5. Does management have and enforce a written policy restricting use of electronic devices (<i>including cellphones, smart phone technology</i>) while driving (<i>including employees or volunteers that drive their own vehicles for business use</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you utilize telematics? If yes , on how many vehicles? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do any employees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis? If yes , | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Number that have daily or weekly usage of personal autos : Employees _____ Volunteers _____ | | |
| b. Indicate type of usage: | | |
| <input type="checkbox"/> Errands | | |
| <input type="checkbox"/> Delivery of meals or property – average number of deliveries per week _____ | | |
| <input type="checkbox"/> Transportation of other people – average number of people transported per week _____ | | |
| c. Does your organization require proof of personal auto insurance on vehicles driven for your organization, at each policy renewal? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does your organization require at least 100,000 personal auto policy limits? If no , indicate minimum limits you require _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your organization: | | |
| a. Run Motor Vehicle Reports (MVRs) at the time of hire , for all drivers (<i>including drivers of owned autos and non-owned autos, employees and volunteers</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Run annual MVRs on all drivers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if: | | |
| a. Driver has more than 2 moving violations/accidents within past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Driver has a major violation in last 5 years (<i>driving while intoxicated, reckless driving, leaving the scene, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Driver has a suspended, expired, or revoked license? | <input type="checkbox"/> | <input type="checkbox"/> |