



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

A. General Operations and Facilities Continued

6. Indicate all employee (<i>and/or volunteer</i>) screening controls utilized by your organization				
	EMPLOYEES		VOLUNTEERS	
	<input type="checkbox"/> No Employees		<input type="checkbox"/> No Volunteers	
	Yes	No	Yes	No
a. Signed application and Photo Identification required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted and References verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional licensing/certification verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate all employee (<i>and/or volunteer</i>) background checks utilized by your organization				
a. Name check – state level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name check – national level (<i>e.g. using online vendor services</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State level 10-digit fingerprint check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. FBI fingerprint check regardless of time person has resided in the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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"/>
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:				
9. How frequently does your organization re-run background checks?				
<input type="checkbox"/> Once (<i>Prior to hire</i>) <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other _____				
10. How long are employee and volunteer records, including record of background checks, retained?				
<input type="checkbox"/> Number of years: _____ <input type="checkbox"/> Permanently				
11. Do you have a risk manager on staff?			<input type="checkbox"/>	<input type="checkbox"/>
12. How long do you retain incident reports for injuries and documentation of actions taken?				
<input type="checkbox"/> Number of years: _____ <input type="checkbox"/> Permanently				
13. Please indicate if your organization provides programs or services pertaining to any of the following:				
<input type="checkbox"/> Alternative sentencing or detention programs				
<input type="checkbox"/> Sponsoring rallies, civil demonstrations, or protests				
<input type="checkbox"/> Other _____				

A. General Operations and Facilities *Continued*

Yes No

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| 14. Is your electrical panel or circuit breaker manufactured by Zinsco or Federal Pacific Stab-Lok? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your facility have aluminum wiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the electrical have knob and tube wiring? | <input type="checkbox"/> | <input type="checkbox"/> |

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| 15. Does your organization have any outdoor paved surfaces (<i>patios, courts, etc.</i>), running fields, or other types of outdoor property or equipment (<i>gates, fences, enclosures, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , would you like property coverage for any paved surfaces, outdoor property or equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , describe type of property or equipment, the location and the value below. | | |

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|---|--------------------------|--------------------------|
| 16. Do you have any solar panels? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please advise wattage _____ kilowatt (kW) _____ Age of panels _____ | | |

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| 17. Are portable heaters used in any buildings? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

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|---|--------------------------|--------------------------|
| 18. 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 | | |

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|---|--------------------------|--------------------------|
| 19. Are firearms or any other weapons permitted on premises (<i>by employees, volunteers, customers, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no , are signs posted at entrances to inform visitors of the no firearms allowed policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Provide copy of policy/procedures.</i> | | |

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|--|--------------------------|--------------------------|
| 20. Is the property located in an area prone to brush or wildfires? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , what controls/risk management are in place to reduce brush, control burn exposure? | | |

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|--|--------------------------|--------------------------|
| 21. Do you have any plans for renovations or new construction during the next 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , describe. | | |

- | | | |
|---|--|--|
| 22. What percentage of your building(s) is vacant or unoccupied, or for sale? _____ | | |
|---|--|--|

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 Employees _____ Volunteers _____
 Number of Veterinarians and Vet Techs: Employed _____ Contracted or Volunteer _____
 Veterinarian Payroll \$ _____
 Number of animals on site _____ Number of foster homes _____
 Average number of adoptions annually _____ Average number of animals in foster annually _____

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 _____
- Veterinarian Services or Hospital – gross sales \$ _____

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 inventoried and stored securely?

8. Are all animals vaccinated and held for observation prior to adoption or foster placement?

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. How long are animals required to be in quarantine/observation prior to adoption or foster placement? _____ weeks

11. How long do you retain animal records (including aggression testing, adoption forms, etc.)?
 Number of years _____ Permanently

12. Does your organization identify aggressive and fearful animals?
 Types of identification utilized: kennel/crate labels collar color differentiation
 Other (Describe): _____

13. Does your organization adopt out dogs that have bitten or snapped?
If yes, do you inform the potential adoptive family of prior incidents?

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

14. Do you euthanize animals? If yes , number annually? _____ What method(s) do you utilize?	<input type="checkbox"/>	<input type="checkbox"/>
15. What does your organization do with animals that are not suitable for adoption if euthanasia is not performed on-site?		
16. Does your organization provide regular training and updates for employees and volunteers at all locations?	<input type="checkbox"/>	<input type="checkbox"/>
17. How does your organization screen foster or adoptive families?		
18. Does the organization require foster families to show proof of homeowner's insurance?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do the adoption and foster application forms contain hold harmless wording in your favor? <i>Please provide a copy of application form(s)</i>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your organization provide shelter for large, wild, or exotic animals? If yes , describe animal types _____	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you operate any vehicles with specialized equipment (<i>i.e. adoption, grooming, clinic, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does organization contract to perform services for the city/county/state? If yes , a. Describe services provided: b. Does the contract require additional insured status for the city/county/state? c. Contract premium \$ _____ Animal Officer annual payroll \$ _____ d. Do your humane officers have arrest authority? e. Do your humane officers carry weapons? <input type="checkbox"/> Firearms/guns <input type="checkbox"/> Tasers <input type="checkbox"/> Tranquilizer guns <input type="checkbox"/> None f. Is there separate liability insurance in place for animal control or humane officers?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is Veterinarian or Other Professional Liability Coverage requested? a. Do any employees, volunteers, or contractors carry their own professional liability insurance? If yes , are procedures in place to verify current insurance is maintained at all times? 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? If yes , are procedures in place to verify current licenses and/or certifications are maintained?	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes No

24. a.	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"/>
b.	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"/>
c.	Regarding 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"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>

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	\$ _____		\$ _____		\$ _____	
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	E. Bingo or Poker
B. Wine tasting	F. Fireworks sales or show
C. Dinner, gala or picnic	G. Animals
D. Auction	H. Other

4. Describe all concerts (music types) and event venues: Not Applicable

D. Special Events Continued

5. Describe all amusement devices and controls in place: Not Applicable

6. Describe all motorized vehicles or motorized equipment: Not Applicable

7. 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 party

b. 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 Applicable

1. 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.

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

4. Do you maintain regularly updated computer security measures?
(e.g. fire wall, secured wireless connectivity, virus protection)

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

6. If you answered **no** to questions 3, 4 or 5 please explain.

F. Automobile Coverage

Not Applicable

	Yes	No
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:	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the vehicles used by your organization <i>(select all applicable)</i> <input type="checkbox"/> owned <input type="checkbox"/> leased <input type="checkbox"/> leased with a driver <i>(or chartered)</i>		
3. Does your organization spend more than \$2,500 on vehicle rentals per year? <input type="checkbox"/> Not Applicable If yes , annual cost: \$ _____ Please describe the types of vehicles rented:	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide annual training to your drivers?	<input type="checkbox"/>	<input type="checkbox"/>
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 require animals be crated or secured during transport <i>(reduction of distraction, injury, escape)</i> ?	<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 , a. Number that have daily or weekly usage of personal autos : Employees _____ Volunteers _____ b. Indicate type of usage: _____ c. Does your organization require proof of personal auto insurance on vehicles driven for your organization, at each policy renewal? 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> ? 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? b. Driver has a major violation in last 5 years <i>(driving while intoxicated, reckless driving, leaving the scene, etc.)</i> ? c. Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>