GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Animal Service Organizations 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

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?	☐	☐
2.	Do you have all volunteers sign a Hold Harmless Waiver?	☐	☐
	Do you allow volunteers under the age of 18?	☐	☐
	If yes,		
	Do you require a Parent or Guardian to sign the hold harmless waiver for volunteers under the age of 18?	☐	☐
	Do you require a Parent or Guardian to be present with underage volunteer during volunteer duties?	☐	☐
3.	Does your organization provide accident insurance for volunteers?	☐	☐
	If yes, a. Insurance company name _____		
	Policy number _____		
	b. Policy period _____ Limits _____		
	c. Accident insurance ☐ applies to all members or clients ☐ 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?	☐	☐
	If yes, attach copies of all licenses and most recent inspection reports.		
6.	Indicate all employee *(and/or volunteer)* screening controls utilized by your organization		

	EMPLOYEES ☐ No Employees		VOLUNTEERS ☐ No Volunteers	
	Yes	No	Yes	No
a. Signed application and Photo Identification required	☐	☐	☐	☐
b. Personal interviews conducted and References verified	☐	☐	☐	☐
c. Minimum 5 years of employment history verified	☐	☐	☐	☐
d. Drug testing	☐	☐	☐	☐
e. Professional licensing/certification verification	☐	☐	☐	☐

A. General Operations and Facilities *Continued*

Indicate all employee *(and/or volunteer)* background checks utilized by your organization	EMPLOYEES Yes	EMPLOYEES No	VOLUNTEERS Yes	VOLUNTEERS No
a. Name check – state level	☐	☐	☐	☐
b. Name check – national level *(e.g. using online vendor services)*	☐	☐	☐	☐
c. State level 10-digit fingerprint check	☐	☐	☐	☐
d. FBI fingerprint check regardless of time person has resided in the state	☐	☐	☐	☐
e. FBI fingerprint check if person has resided in the state less than 5 consecutive years	☐	☐	☐	☐

	Yes	No
7. Do applications contain a notice that a criminal background check may be run on all candidates?	☐	☐
If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?	☐	☐
8. Are all screening controls and background clearance controls completed prior to:		
a. Hiring employee or accepting volunteer?	☐	☐
b. Employee or volunteer contact with client?	☐	☐

Explain any **NO** responses:

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

	Yes	No
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

☐ Other_____

	Yes	No
14. Does the facility have aluminum or knob and tube wiring?	☐	☐
15. Does your organization have any outdoor paved surfaces *(patios, courts, etc.)*, running fields, or other types of outdoor property or equipment *(gates, fences, enclosures, etc.)*?	☐	☐
If yes, 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.

	Yes	No
16. Do you have any solar panels?	☐	☐

If yes, please advise kilowatt (kW) _____ Number of panels _____ Age of panels _____

	Yes	No
17. Are portable heaters used in any buildings?	☐	☐
18. Indicate all protective systems:		
☐ **Sprinklers:** If not 100%, indicate areas that are equipped with functioning sprinklers _____		
Are all sprinkler heads either recessed or protected by sprinkler head guards?	☐	☐

A. General Operations and Facilities *Continued*

	Yes	No
☐ **Smoke detectors:** ☐ Battery operated ☐ Hard wired ☐ Hard wired with battery back-up		
☐ **Carbon monoxide detectors:** ☐ Battery operated ☐ Hard wired ☐ Hard wired with battery back-up		
19. Are firearms or any other weapons permitted on premises *(by employees, volunteers, customers, etc.)*?	☐	☐
If no, are signs posted at entrances to inform visitors of the no firearms allowed policy?	☐	☐
Provide copy of policy/procedures.		
20. 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?		
21. Do you have any plans for renovations or new construction during the next 2 years?	☐	☐
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 Services

☐ **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.)*

☐ Facility rental or lease to third parties ☐ Animal Training

	Yes	No
3. Is your organization compliant with all applicable state and federal regulations & protocols?	☐	☐
4. Does your organization provide services for any dog breeds?	☐	☐

C. Animal Services *Continued*

		Yes	No
5.	Does your organization provide services for large, wild, or exotic animals?	☐	☐
	If yes, describe animal types _____		
6.	Does your organization require animals to be leashed or within carrier/kennel at all times?	☐	☐
7.	Do you store vaccinations or prescription medication on site?	☐	☐
	If yes, are drugs inventoried and stored securely?	☐	☐
8.	Does your organization serve animals that exhibit aggressive or fearful behavior?	☐	☐
	If yes, provide risk management details:		
9.	Do you euthanize animals?	☐	☐
	If yes, number annually? _____		
	What method(s) do you utilize? _____		
10.	Does your organization provide regular training and updates for employees and volunteers at all locations?	☐	☐
11.	Does your organization offer animal shelter services?	☐	☐
	If yes,		
	a. Do you evaluate the health and condition of animals upon arrival at your facility?	☐	☐
	b. How long are animals required to be in quarantine/observation prior to adoption or foster placement? _____ weeks		
12.	Does your organization provide adoption or foster services?	☐	☐
	If yes,		
	a. Are all animals vaccinated and held for observation prior to adoption or foster placement?	☐	☐
	b. 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)* _____		
	c. How long do you retain animal records *(including medical records, testing, adoption, etc.)*?		
	☐ Number of years_____ ☐ Permanently		
	d. Does your organization serve animals that exhibit aggressive or fearful behavior?	☐	☐
	If yes, provide risk management details:		
	e. What does your organization do with animals that are not suitable for adoption if euthanasia is not performed on-site?		
	f. How does your organization screen foster or adoptive families?		
	g. Does the organization require foster families to show proof of homeowner's insurance?	☐	☐
	h. Do the adoption and foster application forms contain hold harmless wording in your favor?	☐	☐
	Please provide a copy of application form(s)		

C. Animal Services *Continued*

	Yes	No
13. 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 you provide animal control services or humane law enforcement?		
e. Do your humane officers have arrest authority?	☐	☐
f. Do your humane officers carry weapons?	☐	☐
☐ Firearms/guns ☐ Tasers ☐ Tranquilizer guns ☐ None		
g. Is there separate liability insurance in place for animal control or humane officers?	☐	☐
14. 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?	☐	☐
15. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	☐	☐
a. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	☐	☐
b. **Regarding professional liability coverage,**		
c. Is your organization aware of any professional claims or suits made during the past five years against the organization or any individual?	☐	☐
d. 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?	☐	☐

D. Special Events *(including sponsored or co-sponsored events or fundraisers)*

☐ **Not Applicable**

	Yes	No
1. Total number of events _____		
2. Do you work with local authorities for threat assessment prior to the event?	☐	☐

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	$ _____	$ _____	$ _____

D. Special Events *Continued*

	EVENT 1		EVENT 2		EVENT 3	
	Yes	No	Yes	No	Yes	No
Annual event?	☐	☐	☐	☐	☐	☐
Has any claim or incident ever arisen out of this event?	☐	☐	☐	☐	☐	☐
Emergency medical personnel present?	☐	☐	☐	☐	☐	☐
Security personnel present?	☐	☐	☐	☐	☐	☐
Activities at event *(use all applicable activity codes from list below)*						

Activity Codes *(for use above)*

A. Golf outing	B. Wine tasting	C. Dinner, gala or picnic
D. Auction	E. Bingo or Poker	F. Fireworks sales or show
G. Animals	H. Other	

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

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

	Yes	No
a. Number of: Floats _____ Horses _____ Participants _____		
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

	Yes	No
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

F. Automobile Coverage ☐ **Not Applicable**

	Yes	No
1. Are all autos submitted for coverage titled to the organization?	☐	☐

F. Automobile Coverage *Continued*

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)*

		Yes	No
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.	Do you require animals be crated or secured during transport *(reduction of distraction, injury, escape)*?	☐	☐
5.	Do you provide annual training to your drivers?	☐	☐
6.	Do you have a distracted driver policy in place *(including employees or volunteers that drive their own vehicles for business use)*?	☐	☐

If yes, how is it enforced _____

7.	Does management have and enforce a written policy restricting use of electronic devices *(including cellphones, smart phone technology)* while driving *(including employees or volunteers that drive their own vehicles for business use)*?	☐	☐

8. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____

a. Indicate type of usage *(select all that apply and provide description)*:

☐ Errands ☐ Daily or ☐ Weekly; Average Number of trips per week _____

☐ Delivery of meals or property ☐ Daily or ☐ Weekly; Average Number of trips per week _____

☐ Transportation of others ☐ Daily or ☐ Weekly; Average Number of trips per week _____

		Yes	No
b.	Does your organization require proof of personal auto insurance annually?	☐	☐
c.	Does your organization require at least 100,000 personal auto policy limits?	☐	☐
9.	Do you run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers *(including drivers of non-owned autos, employees and volunteers)*?	☐	☐
10.	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 *(driving while intoxicated, reckless driving, leaving the scene, etc.)*?	☐	☐
c.	Driver has a suspended, expired, or revoked license?	☐	☐
11.	Do you have a dashboard camera installed in all of your vehicles?	☐	☐

If yes, please indicate the type(s): ☐ Forward facing only ☐ Forward and rear cameras

12.	Do you utilize telematics?	☐	☐

If yes, a. on how many vehicles?_____

b. Who is your current telematics provider? _____

c. What type of telematics program are you using?_____

F. Automobile Coverage *Continued*

☐ Data Sensors ☐ Integrated GPS Navigation ☐ Wireless Mobile Devices

☐ Other_____

E. Cyber Suite

		☐ Not Applicable	Yes	No
1.	Have you, at any time during the past 36 months, experienced a cyber incident *(hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.)* that cost you more than $10,000 or experienced a lawsuit or other formal dispute *(with either a private party or government agency)* arising from a cyber incident?		☐	☐
2.	Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints *(desktop, laptops, servers, etc.)*?		☐	☐
3.	Are all of your internet access points secured by firewalls?		☐	☐
4.	Do you restrict employees' and external users' IT systems privilege and access to personal information on a business-need-to-know basis?		☐	☐
5.	Do you perform backups of business critical data on at least a weekly basis?		☐	☐
6.	Do you encrypt all of your mobile devices *(laptops, flash drives, mobile phones, etc.)* and confidential data?		☐	☐