GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Distributors of Food or Merchandise Questionnaire

Name of Organization _____

Website address _____ FEIN _____

If no website, attach brochure and detailed description of daily activities of organization.

Non-profit organization? Yes ☐ No ☐

Years in business _____ Years under current management _____

Completed by _____ Title _____

Signature _____ Email _____

Date Completed _____

A. General Operations & Facilities

1. Provide all applicable information:

Payroll _____ Number of employees _____

Number of volunteers _____ Projected revenue _____

Previous insurance carrier? _____

	Yes	No
Has there been a lapse in coverage?	☐	☐

2. Clients or students in each age range: ☐ NA # <18 _____ 18-61 _____ 62+ _____

3. 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.

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

☐ Alternative medicine *(e.g. acupuncture, chiropractic, diet, etc.)*	☐ Detoxification or methadone services
☐ Behavioral health services *(e.g. counseling)*	☐ Individuals with suicidal or violent behavior
☐ Direct medical services *(skilled nursing, prescription of medications, etc.)*	☐ Individuals with severe mental illness *(e.g. bipolar, schizophrenia, paranoia, etc.)*
☐ One-on-one or peer counseling	☐ Sexual offenders or Individuals with sexually abusive behavior
☐ Crisis intervention *(e.g. hotline, inpatient, etc.)*	☐ Infectious or contagious disease
☐ Mentoring programs matching youth with mentors	☐ Individuals with Alzheimer's or dementia
☐ Services in Private Residences or In-home services *(e.g. meal delivery, chore assistance, etc.)*	☐ Advocacy *(representation of individuals in legal proceedings)* or legal services
☐ Respite Care	☐ Political action *(e.g. lobbying, petitioning, rallies, protests, etc.)*
☐ Alternative sentencing, incarceration or lock-down programs	☐ Financial or lending services or handling of clients' money
☐ Sponsor rallies, civil demonstrations or protests?	☐ Fiscal sponsorship or insurance coverage to other entities
☐ No Direct services *(Only provide referrals to other entities)*	☐ Cannabis dispensing, storage, or permitted use *(medical or recreational)*
☐ None of the above services or programs are applicable	

If yes to any listed above, describe:

5. Does your organization employ doctors, dentists, psychiatrists, or nurse practitioners?	☐	☐
6. Does your organization utilize chemical or physical restraint or confinement techniques?	☐	☐

A. General Operations & Facilities *Continued*

		Yes	No
7.	Does your organization have any outdoor playground equipment?	☐	☐
	If yes,		
	a. Was all equipment commercially manufactured?	☐	☐
	b. Was all equipment installed by an insured contractor?	☐	☐
	c. Does all equipment have signage indicating recommended age for safe use?	☐	☐
	d. Is the equipment gated, including a self-closing mechanism?	☐	☐
	e. How frequently is the equipment inspected for safety? _____		
	f. Please indicate the surface installed under the playground equipment _____		
	g. If loose-fill material, is it regularly monitored for correct depth and replenished as needed? ☐ **N/A**	☐	☐
	h. Would you like property coverage for any playground equipment?	☐	☐
	If yes, describe type of property or equipment, the location and the value below.		
8.	Does your organization have any other outdoor property *(paved surfaces, sports fields, fences, equipment, etc.)*?	☐	☐
	If yes and you would like property coverage for other outdoor property, describe the type of property, the location and the value below. If additional space is needed, provide an attachment or list the property on the property ACORD application.		
9.	Does your organization have any air-supported or tension supported buildings?	☐	☐
	If yes, please advise address _____		
	Age of building _____ Manufacturer _____		
10.	Are any of your buildings historical?	☐	☐
	If yes,		
	a. Is the building on the historic registry? ☐ Not Applicable ☐ Local ☐ State ☐ National		
	b. Has the building had a replacement cost appraisal?	☐	☐
	If yes, please provide a copy.		
11.	Does your organization have commercial cooking facilities?	☐	☐
	If yes,		
	a. Please indicate type(s): ☐ Commercial Electric Stove/Oven ☐ Commercial Gas Stove/Oven ☐ Deep Fryer		
	b. Is the cooking equipment protected by a hood system?	☐	☐
	i. **If yes**, does the hood system contain fire suppression?	☐	☐
	ii. Is the fire suppression system connected to the building fire alarm?	☐	☐
	iii. Is the hood system cleaned on a regular basis?	☐	☐
	iv. Who conducts the hood cleaning? ☐ Internal ☐ Third-party Contractor ☐ Other _____		
	v. When was the last hood system inspection? _____		
12.	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?	☐	☐
	☐ 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		
13.	What security measures are in place regularly? *(Check all that apply)*		
	Building Systems: ☐ Electronic locks ☐ Automated Access System ☐ Alarmed doors ☐ Security Cameras		
	☐ Surveillance Cameras ☐ Metal detectors ☐ Emergency drills ☐ Security cameras		

A. General Operations & Facilities *Continued*

	Yes	No
14. Does your organization have security guards for regular operations?	☐	☐
If yes,		
a. Are security personnel: ☐ Employed ☐ Volunteer ☐ Contracted Third Party ☐ On-Duty Police Officers ☐ Off-Duty Police Officers ☐ Other _____		
**If contracted provide copy of contract.*		
b. Is security: ☐ Unarmed ☐ Armed: Describe weapons: _____		
c. Number of Security Personnel: _____ Payroll *(or contract premium)* _____		
d. Additional security comments: _____		
14. Are firearms or any other weapons permitted on premises *(by employees, volunteers, clients, customers, etc.)*?	☐	☐
If no, are signs posted at entrances to inform visitors of the no firearms allowed policy?	☐	☐
Provide copy of policy/procedures.		
15. Does your organization have any plans for renovations or new construction during the next 2 yrs?	☐	☐
If yes, describe _____		
16. Are any buildings more than 25% vacant, unoccupied *(including temporarily)*, or for sale? _____	☐	☐
If yes, provide address of building(s)_____		
17. Does your organization 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 are received in an average year? _____		
18. Does your organization offer any direct services to youth or vulnerable adults?	☐	☐
If yes, abuse coverage is recommended and requires completion of our abuse questionnaire.		
19. Does your organization offer any programs or services with degreed or skilled professionals?	☐	☐
If yes, professional liability coverage is recommended and requires completion of our professional questionnaire.		

B. Management Practices

	Yes	No
1. Does your organization have a risk manager on staff?	☐	☐
Name _____ Title _____		
Email _____ Phone _____		

2. Indicate all employee and/or volunteer screening controls utilized by your organization	Employees ☐ No Employees		Volunteers ☐ No Volunteers	
	Yes	No	Yes	No
Signed applications and photo identification required	☐	☐	☐	☐
Personal interviews conducted	☐	☐	☐	☐
Personal references verified	☐	☐	☐	☐
Minimum 5 years of employment history verified	☐	☐	☐	☐
Explain any **NO** response_____				

3. Indicate all employee and/or volunteer background checks utilized by your organization ☐ No Background checks utilized				
Name check – state level	☐	☐	☐	☐
Name check – national level *(e.g. using online vendor services)*	☐	☐	☐	☐
10-digit fingerprint check - State level	☐	☐	☐	☐
10-digit FBI fingerprint check	☐	☐	☐	☐

B. Management Practices *Continued*

		Yes	No
	Description of other screening methods:		
	Explain any **NO** response_____		
4.	Do applications contain a notice that a criminal background check may be run on all candidates?	☐	☐
	a. **If yes**, does the application advise applicants that they may be rejected or terminated based on an unacceptable background check?	☐	☐
5.	Does your organization allow volunteers under the age of 18?	☐	☐
	If yes,		
	a. Is Parent or Guardian required to sign a volunteer waiver and release for those under the age of 18?	☐	☐
	b. Is a Parent or Guardian required to be present with underage volunteers during volunteer duties?	☐	☐
6.	Are all screening controls and background clearance controls completed prior to:		
	a. Hiring employee or accepting volunteer?	☐	☐
	Explain any **NO** responses:		

7. How long are incident reports for injuries and documentation of actions taken retained?

☐ Number of years _____ ☐ Permanently

If crime coverage is requested, complete the applicable ACORD application to include all hiring practices.

C. 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.

D. Sale or Distribution of Food or Merchandise

		Yes	No
1.	Goods distributed or sold by the organization ☐ Food ☐ New Merchandise ☐ Used Merchandise		
2.	Goods arrive by ☐ Other organizations deliver ☐ Picked up in owned vehicles ☐ Picked up in non- owned vehicles		
3.	Goods are distributed by ☐ Picked up at your location by individuals/families ☐ Picked up by others organizations ☐ Delivered in owned autos or trucks ☐ Delivered in employee owned autos		
	a. What radius do volunteers/employees drive?_____		
	b. Are strict routes & timetables enforced?	☐	☐
4.	Food is ☐ Sold – Gross sales: $ _____ ☐ Distributed to individuals – value distributed: $_____ ☐ pounds distributed _____ ☐ Distributed to other organizations – value distributed: $ _____ ☐ pounds distributed _____		
	a. Are incoming goods sorted to identify spoiled or recalled items?	☐	☐
	b. Are expirations dates of food products monitored?	☐	☐
	c. Does your organization use insecticide or pesticides?	☐	☐
	If yes, is application completed by a licensed and insured contractor?	☐	☐
	d. Does your organization monitor refrigerator system to ensure that temperatures do not fall below acceptable levels? ☐ **Not Applicable**	☐	☐
	If yes, how does your organization monitor the temps? _____		

D. Sale or Distribution of Food or Merchandise *Continued*

		Yes	No
e.	Is there a backup generator for the refrigerator system? ☐ **Not Applicable**	☐	☐
5.	Does your organization have commercial cooking facilities?	☐	☐
	If yes,		
a.	Please indicate type(s): ☐ Commercial Electric Stove/Oven ☐ Commercial Gas Stove/Oven ☐ Deep Fryer		
b.	Is the cooking equipment protected by a hood system?	☐	☐
i.	**If yes**, does the hood system contain fire suppression?	☐	☐
ii.	Is the fire suppression system connected to the building fire alarm?	☐	☐
iii.	Is the hood system cleaned on a regular basis?	☐	☐
iv.	Who conducts the hood cleaning? ☐ Internal ☐ Third-party Contractor ☐ Other _____		
v.	When was the last hood system inspection? _____		
6.	Goods/ Merchandise is ☐ Sold – Gross sales: $ _____ ☐ Distributed to individuals – value distributed: $_____ ☐ Distributed to other organizations – value distributed: $ _____		
a.	Does the value of any item for sale exceed $500?	☐	☐
	If yes, describe items _____		
b.	Is incoming merchandise sorted to identify recalled or hazardous items?	☐	☐
c.	Does your organization accept electrical merchandise for donation?	☐	☐
d.	Does your organization provide any warranties of quality or safety?	☐	☐
	**If yes provide a copy*		
e.	Are all sales indicated to be "as is?"	☐	☐
	If yes, this is indicated by: ☐ Signs ☐ Receipts ☐ Other _____		
7.	Does your organization refurbish, repair, repackage, re-label, remove labels or in any other way modify items *(excluding cosmetic changes)*?		
8.	Does your organization publish and enforce housekeeping guidelines?	☐	☐
	If yes, attach copy of housekeeping rules.		
9.	Are all outdoor dumpsters fenced in with lockable gates to discourage trespassers and help prevent injury or fire.	☐	☐
10.	Are outdoor dumpsters located 10 ft or more from the building?	☐	☐
11.	Are outdoor donation bins or trailers located 5 ft or more from the building? ☐ **Not Applicable**	☐	☐
12.	Are forklifts used?	☐	☐
	If yes,		
a.	Do forklifts have back-up alarms?	☐	☐
b.	Are forklift drivers certified?	☐	☐
13.	Does your organization want property coverage for stock or merchandise held for sale?	☐	☐
	If yes, attach market value for inventory per location and complete a-d		
a.	How often are inventory records updated? _____		
b.	Is any stock stored outside after business hours?	☐	☐
c.	Do the inventory values submitted include goods in donation boxes or trailers?	☐	☐

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

☐ **Not Applicable**

		Yes	No
1.	Total number of events _____		
2.	Does your organization 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:	$	$	$
Other gross sales *(auction, raffles, gambling, etc.)*	$	$	$
	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 applicable activity code(s) from list below):*			

Activity Codes *(for use above)*

A.	Golf outing	F.	Fashion or Art Show	K.	Fireworks sales or show
B.	Wine tasting	G.	Bingo or Poker	L.	Haunted house or trail
C.	Dinner, gala or picnic	H.	Aircraft *(motorized or not)*	M.	Inflatable devices
D.	Auction	I.	Animals	N.	Other: _____
E.	House or garden tour	J.	Athletic participation	O.	Other: _____

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

5. Describe all amusement devises and controls in place: ☐ **Not Applicable**

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

7. If security personal present, please indicate who provides security and whether they are armed or unarmed:
☐ **Not Applicable** ☐ Employees ☐ Volunteers ☐ Contracted Third Party ☐ On-Duty Police ☐ Off-Duty Police
☐ Unarmed ☐ Armed

8. If event includes a parade, please provide the following details: ☐ **Not Applicable**
Level of activity: ☐ **Not Applicable** ☐ Participation Only ☐ Sponsor Or Co-Sponsor

		Yes	No
a.	Number of: floats _____ horses _____ participants _____		
b.	Are certificates of insurance, with $1,000,000 liability limits, required from all participants?	☐	☐
9.	Are any event activities provided by a third party?	☐	☐
	If yes,		
a.	Is a contract in place that includes an insurance requirement and a hold harmless agreement in your organization's favor?	☐	☐
b.	Is a certificate of insurance required from the third party?	☐	☐

E. Special Events *Continued*

		Yes	No
10.	If Liquor or Alcohol is Served or Sold ☐ **Not Applicable**		
	If served without charge, total annual cost of alcohol purchased to serve at events: $ _____		
	If sold, gross annual alcohol sales: $ _____		
	Type of alcohol? ☐ Beer only ☐ Beer and wine only ☐ Beer, wine and/or liquor		
	Type of license obtained for sale of alcohol: ☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by third party		
	Are any employees or volunteers of your organization responsible for serving alcohol?	☐	☐
	What alcohol dispensing controls are in place? ☐ Formal server training (TIPS/TAPS) ☐ Limited # of drink tickets _____ ☐ ID check prior to admission ☐ Wrist bands identifying >21 ☐ ID checked at purchase		

F. Hired and Non-Owned Auto

		Yes	No
1.	Does your organization spend more than $2,500 on vehicle rentals per year? ☐ **Not Applicable**	☐	☐
	If yes, annual cost: $ _____		
	a. Are the vehicles leased with a driver *(chartered)*?	☐	☐
	b. Please describe the types of vehicles _____		
2.	Does your organization contract with a third-party bus contractor to transport clients?	☐	☐
	If yes,		
	a. Does your organization require a certificate of insurance from the bus contractor?	☐	☐
	b. Is your organization named as an additional insured on the bus contractor's insurance policy?	☐	☐
	c. Does the contract contain hold harmless and/ or indemnification wording in your organization's favor?	☐	☐
3.	Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____ ☐ **Not Applicable**		
	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 _____		
	☐ Delivery of meals or property: ☐ Daily or ☐ Weekly Average Number of trips per week _____		
	**If transportation of others is provided, respond to Question #4 in the Owned Auto section.*		
	b. Does your organization require proof of personal auto insurance annually?	☐	☐
	c. Does your organization require at least 100,000 personal auto policy limits?	☐	☐
4.	Does your organization run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
5.	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?	☐	☐
6.	Does your organization have a distracted driver policy in place for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
	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)* for all drivers while driving for business purposes?	☐	☐

G. Owned Auto

☐ **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 _____		
2.	Please indicate the types of vehicles used by your organization *(select all applicable)*		
	☐ Owned _____ ☐ Long-term Leased _____		
3.	Does your organization lease or loan owned vehicles out to other entities?	☐	☐
4.	Does your organization provide transportation to any clients, employees, or the general public?	☐	☐
	If yes, describe services _____		
	a. Are strict routes and timetables enforced?	☐	☐
	b. When transporting passengers younger than 18 years of age, are 2 adults present?	☐	☐
	c. Is your organization following all applicable state and federal licensing laws?	☐	☐
	d. Does your organization maintain driver files on CDL licensed drivers?	☐	☐
	e. Do any autos have wheelchair lifts?	☐	☐
	f. How many 12-15 passenger vans are owned? _____		
5.	What types of driver training does your organization provide for drivers?		
	Training Methods: ☐ Document Distribution ☐ Classroom Training ☐ Road Testing ☐ Other _____		
	Training Topics: ☐ Defensive Driving ☐ Distracted Driving ☐ Passenger Van ☐ Weather-Related ☐ Wheelchair lifts ☐ Other _____		
	Training Frequency: ☐ At time of hire ☐ Monthly ☐ Semi-annually ☐ Annually ☐ Randomly *(as needed)* ☐ Other _____		
6.	Does your organization have a dashboard camera installed in all owned vehicles?	☐	☐
	If yes, please indicate the type(s): ☐ Forward facing ☐ Rear cameras		
7.	Does your organization utilize telematics?	☐	☐
	a. **If yes**, on how many vehicles? _____		
	b. Who is the telematics provider? _____		
	c. What types of telematics programs are utilized? ☐ Data Sensors ☐ Integrated GPS Navigation ☐ Wireless Mobile Devices ☐ Other _____		

H. Cyber Suite

☐ **Not Applicable**

		Yes	No
1.	Total number of Employees _____ Number of Total Records _____		
2.	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?	☐	☐
3.	Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints *(desktop, laptops, servers, etc.)*?	☐	☐
4.	Are all of your internet access points secured by firewalls?	☐	☐
5.	Do you restrict employees' and external users' IT systems privilege and access to personal information on a business-need-to-know basis?	☐	☐
6.	Do you perform backups of business critical data on at least a weekly basis?	☐	☐
7.	Do you encrypt all of your mobile devices *(laptops, flash drives, mobile phones, etc.)* and confidential data?	☐	☐