

Museum 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 <input type="checkbox"/>	No <input type="checkbox"/>
Years in business _____	Years under current management _____		
Completed by _____	Title _____		
Signature _____	Date Completed _____		
Email address _____			

A. General Operations and Facilities

1. Provide all applicable information:

Payroll _____ Number of employees _____ Number of volunteers _____

Who is your previous insurance carrier? _____

Number of members _____ Projected revenue _____ Yes ☐ No ☐

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

2. Average number of visitors annually _____

3. Patrons or program participants in each age range: ☐ NA # <18 _____ 19-61 _____ 62+ _____

4. Does your organization provide accident insurance youth program participants? ☐ Yes ☐ No

If yes,

a. Insurance company name _____

Policy number _____

b. Policy period _____ Limits _____

c. Accident insurance ☐ applies to all members or participants
☐ is optional, at member or participants' expense

5. Is your institution accredited by American Alliance of Museums (AAM)? ☐ Yes ☐ No

***If yes,** provide a copy of the most recent standard facilities report with this application.

If no, does your staff receive training for packing/shipping? ☐ Yes ☐ No

List any other accreditations or memberships _____

6. Does your organization have or allow animals (*i.e. pets*) to be on premises? ☐ Yes ☐ No

If yes, please describe controls/procedures:

7. Are employment and volunteer screening and background clearance controls completed prior to hiring an employee or accepting a volunteer? ☐ Yes ☐ No

If no, explain:

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

8. Do you retain incident reports for any injuries that occur on premises and the action taken?

☐ ☐**If yes**, do you retain records permanently?☐ ☐

9. Does your organization own or use drones?

☐ ☐

Does your organization provide any unique programs or services?

☐ ☐**If yes**, please describe _____

10. Electrical 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 _____11. Would you like property coverage for any outdoor paved surfaces (*patios, courts, etc.*) or other type of outdoor property (*gates, fences, etc.*)?☐ ☐**If yes**, describe type of property and the value below.*If additional space is required, provide an attachment or list on the Acord Property application.*

12. Do you have any solar panels?

☐ ☐**If yes**, please advise wattage _____ kilowatt (kW) Number of panels _____ Age of Panels _____

13. Are portable heaters used in any buildings?

☐ ☐**If yes**, describe type of heater and safety controls:

14. 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

15. What security measures are in place?

☐ Alarmed doors ☐ Automated Access System ☐ Electronic locks ☐ Emergency drills☐ Metal detectors ☐ Security cameras ☐ Surveillance Cameras

16. Do you 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 _____

A. General Operations and Facilities Continued**Yes No**17. 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.

18. Do you have any buildings that are more than 25% vacant, unoccupied (*including temporarily*), or for sale?☐☐**If yes**, provide address of building(s) _____

19. Are any of your locations located in a remote area or an area prone to brush or wildfires?

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

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

☐☐**If yes**, describe.

21. 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? _____

If crime coverage is requested, complete the applicable ACORD application to include all hiring practices.**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. Professional Liability☐ **Not Applicable**1. List number of employees (*full or part-time*), volunteers and contractors by position:☐ Check if organization has no degreed professionals.**Name of Position****Employees****Volunteers****Contractors**

Appraisers, Conservators, Curators

Teachers

Professional Interns under your supervision

Other degreed professionals (*Describe degree level and position*):

2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance?

Yes**No**☐☐**If yes**, are procedures in place to verify current insurance is maintained at all times?☐☐

C. Professional Liability *Continued*

3.	Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified?	<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 _____		
4.	Has any employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	<input type="checkbox"/>	<input type="checkbox"/>
5.	In regard to professional liability coverage, is your organization aware of any situations or circumstances that may result in a claim or suit being made against your organization or any individual to be covered by this policy?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes , please provide details.		

D. Automobile Coverage
☐ Not Applicable Yes No

1.	Are all autos submitted for coverage titled to the organization?	<input type="checkbox"/>	<input type="checkbox"/>	
	If no , describe which autos are not titled to the organization and list the titled owner: _____			
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	<input type="checkbox"/>	<input type="checkbox"/>
	If yes , annual cost \$ _____			
	Please describe the types of vehicles rented: _____			
4.	Do you provide transportation to any clients, members or the general public?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes , describe services _____			
a.	Are strict routes and time tables enforced?	<input type="checkbox"/>	<input type="checkbox"/>	
b.	When transporting passengers younger than 18 years of age, are 2 adults present?	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Are you following all applicable state and federal licensing laws?	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Do you maintain driver files on CDL licensed drivers?	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Do any autos have wheelchair lifts?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	What types of driver training do you provide your drivers?			
	Training Methods:	<input type="checkbox"/> Document Distribution	<input type="checkbox"/> Classroom Training	<input type="checkbox"/> Road Testing
		<input type="checkbox"/> Other _____		
6.	Do you have a distracted driver policy in place (<i>including employees or volunteers that drive their own vehicles for business use</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes , how is it enforced _____			
7.	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"/>	
8.	Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____			
	a. Indicate type of usage (<i>select all that apply and provide description</i>):			
	<input type="checkbox"/> Errands	<input type="checkbox"/> Daily or	<input type="checkbox"/> Weekly; Average Number of trips per week _____	
	<input type="checkbox"/> Delivery of meals or property	<input type="checkbox"/> Daily or	<input type="checkbox"/> Weekly; Average Number of trips per week _____	

D. Automobile Coverage Continued

Yes No

<input type="checkbox"/> Transportation of others	<input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____		
		Yes	No
b. Does your organization require proof of personal auto insurance annually?		<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization require at least 100,000 personal auto policy limits?		<input type="checkbox"/>	<input type="checkbox"/>
9. Do you run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers <i>(including drivers of non-owned autos, employees and volunteers)</i> ?		<input type="checkbox"/>	<input type="checkbox"/>
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?		<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"/>
11. Do you have a dashboard camera installed in all of your vehicles?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate the type(s): <input type="checkbox"/> Forward facing only <input type="checkbox"/> Forward and rear cameras			
12. Do you utilize telematics?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, a. on how many vehicles? _____			
b. Who is your current telematics provider? _____			
c. What type of telematics program are you using? <input type="checkbox"/> Data Sensors <input type="checkbox"/> Integrated GPS Navigation			
<input type="checkbox"/> Wireless Mobile Devices <input type="checkbox"/> Other _____			

E. All Youth Programs - Complete this section if your organization provides any (Afterschool programs, Children's groups, Fine Art's school)☐ Not Applicable

1. Program	Afterschool Program	Arts School	Summer Programs	Day Camps	Overnight Camps
Number of Attendees					
Number of Counselors					
					Number of Days
					Yes No
2. Do you keep a medical history on file for each attendee?					<input type="checkbox"/> <input type="checkbox"/>
If yes, is it secured?					<input type="checkbox"/> <input type="checkbox"/>
3. Are food allergy procedures in place?					<input type="checkbox"/> <input type="checkbox"/>
4. Are prescription medication procedures in place <i>(inclusive of authorized dispensing instructions)</i> ?					<input type="checkbox"/> <input type="checkbox"/>
5. Are waivers in place for all youth program attendees?					<input type="checkbox"/> <input type="checkbox"/>
6. Is your facility fully equipped with permanent Tamper Resistant Receptacles?					<input type="checkbox"/> <input type="checkbox"/>
7. Do you have a nurse or doctor on-site?					<input type="checkbox"/> <input type="checkbox"/>

F. Museum☐ Not Applicable

Yes No

1. Are any of your buildings historical?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a copy.		

F. Museum Continued

	Yes	No
2. Are any of the insured's exhibits interactive?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , are all electronic devices that are part of such exhibits properly grounded, regularly maintained, and inspected daily?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization currently have or ever install exhibits that are suspended from the ceiling?	<input type="checkbox"/>	<input type="checkbox"/>
4. In regard to school groups and field trips, does your organization:		
a. Require school groups to schedule in advance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Require chaperones to stay with children at all times?	<input type="checkbox"/>	<input type="checkbox"/>
c. Require a chaperone to child ratio?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please note ratio _____		
5. Does your organization repair, restore, retouch, or conserve collection(s)/fine arts?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , what types of chemicals or solvents are used? _____		
Are all such chemicals stored in Environmental Protection Agency (EPA)-approved containers? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
6. Fine Arts:		
a. Are there temperature and humidity controls in the exhibition galleries, and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there back-up generators in place?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are there any below-grade/basement exposures?	<input type="checkbox"/>	<input type="checkbox"/>
d. How are high value items protected?		
Owned Collections:		
e. Amount of coverage you wish to purchase collection (<i>fine arts, exhibits, etc.</i>) _____		
<i>*Attach copy of inventory or statement of values for items greater than \$5,000</i>		
f. Estimated value of permanent collection _____		
Estimated value of your art reference library _____		
Estimated value of your collection _____		
g. Have all items been catalogued, photographed, or video recorded?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have all items valued greater than \$25,000 been appraised?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is documentation of the collection(s) stored electronically and off-site?	<input type="checkbox"/>	<input type="checkbox"/>
Loaned Collections:		
j. Are written loan agreements obtained for all collections loaned to insured?	<input type="checkbox"/>	<input type="checkbox"/>
k. Do the agreements specify who is responsible for damage and insurance?	<input type="checkbox"/>	<input type="checkbox"/>
l. Is an inventory of the loaned collection provided?	<input type="checkbox"/>	<input type="checkbox"/>
m. Is total value of collection agreed upon for a total loss?	<input type="checkbox"/>	<input type="checkbox"/>
n. Is the condition of each collection documented/inventory upon receipt?	<input type="checkbox"/>	<input type="checkbox"/>
o. Does the insured make a photographic record of objects within all temporary collection?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any collection item include "one of a kind" items?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe details regarding the security of these items while on display, in storage, or in transit.		

F. Museum Continued

	Yes	No
8. Do you keep detailed records of the fine arts off-premises including a description and photos?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a need for Worldwide coverage for your property (<i>fine arts, exhibits, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your organization transport owned or leased collections?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Does your organization verify that contract terms require the borrowing organization to name lending organization as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your organization ever accept responsibility for packaging the fine arts for transit?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization only utilize transit carriers that specialize in fine arts?	<input type="checkbox"/>	<input type="checkbox"/>
d. Any special precautions taken against theft or breakage in transit?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are condition reports used on all shipments?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the full value declared with the carrier for hire?	<input type="checkbox"/>	<input type="checkbox"/>
g. What is the maximum value of items being shipped? _____		
h. What is the maximum distance of items being shipped? _____		
11. Are forklifts used?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Do forklifts have back-up alarms?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are forklift drivers certified?	<input type="checkbox"/>	<input type="checkbox"/>

G. 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?	<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	\$ _____		\$ _____		\$ _____	
Gross sales from alcohol sales	\$ _____		\$ _____		\$ _____	
Other gross sales	\$ _____		\$ _____		\$ _____	
	Yes	No	Yes	No	Yes	No
Annual event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (use all applicable activity codes from list below)						
Activity Codes (for use above)						
A. Golf outing H. Aircraft (<i>motorized or not</i>) O. Use of any motorized vehicle(s) *See below						

G. Special Events Continued

Yes No

- | | | |
|---------------------------|----------------------------|--|
| B. Wine tasting | I. Animals | P. Mechanical amusement devices *See below |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Inflatable or Non-mechanical amusement *See below |
| D. Auction | K. Fireworks sales or show | R. Other _____ |
| E. House or garden tour | L. Haunted house or trail | S. Other _____ |
| F. Fashion or Art Show | M. Concert *See below | T. Other _____ |
| G. Bingo or Poker | N. Parade *See below | U. 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. Parade details, ☐ Not Applicable Yes No

Level of activity: ☐ Participation Only ☐ Sponsor Or Co-Sponsor

a. **Number of:** floats _____ horses (*or other large animals*) _____ participants _____

b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? ☐ Yes ☐ No

8. Are any of the event activities provided by a third party? ☐ Yes ☐ No

If yes, Do you require a certificate of insurance from the third party? ☐ Yes ☐ No

Are any of the activities under contract with the third party? ☐ Yes ☐ No

H. Facility Rental (*Complete if premises is rented to others*)☐ Not Applicable

1. Number of times a year your premises is rented, either for a fee or at no cost? _____

Yes No

2. Are all renters required to sign written rental contract? ☐ Yes ☐ No

If yes, a. Does your rental agreement contain "hold harmless" clause in your favor? ☐ Yes ☐ No

b. Does your contract require you to be named as Additional Insured on the renter's policy? ☐ Yes ☐ No

c. Does agreement make the renter responsible for security during rental period? ☐ Yes ☐ No

3. Do you rent premises to those that do not carry liability insurance? ☐ Yes ☐ No

4. Is there a staff member on site and available for questions during rental? ☐ Yes ☐ No

I. Liquor or Alcohol Served or Sold (*including events*)☐ Not Applicable

1. Gross annual alcohol sales \$ _____

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

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

☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by third party

Yes No

4. Is any employee or volunteer of your organization responsible for serving alcohol? ☐ Yes ☐ No

I. Liquor or Alcohol Served or Sold *Continued***Yes****No**

5. What alcohol dispensing controls are in place?

- ☐ TIPS/ TAPS server training ☐ Limited # of drink tickets # _____ ☐ ID check prior to admission
☐ Wrist bands identifying >21 ☐ ID checked at purchase

J. Media Exposures (*Service brochures, Websites, Social Media, etc.*)☐ **Not Applicable****Yes****No**

1. Create your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.

☐☐

2. Sell music or printed materials created, published or produced by someone within your organization.

☐☐3. Air television, radio or internet broadcast segments (*podcasts/logs/etc.*), public service announcements (PSAs) or shows.☐☐**If yes,**a. Do you always obtain written waivers that specifically release your organization from all liability arising from Personal or Advertising Injury, prior to using the likeness of others (*e.g. pictures*) or prior to using the work product of others?☐☐b. Frequency of broadcast segments: ☐ N/A ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently

c. Describe all media created, produced or published by your organization:

d. Do you contract with a third party for creation or legal review of any materials?

☐☐**If yes,** describe materials subject to review and type of review:e. Does your organization carry any type of media liability insurance (*broadcasters' liability, publishers' liability etc.*)?☐☐**If yes,** attach a copy of the declarations page.**K. Sale or Distribution of Food or Merchandise** (*Including gift shops and cafes.*)☐ **Not Applicable****Yes****No**1. **Goods distributed or sold by the organization:** ☐ Food ☐ New merchandise ☐ Other _____

2. Food Gross sales \$ _____ Merchandise Gross sales \$ _____

3. Do you want property coverage for stock or merchandise held for sale?

☐☐**If yes,** attach market value for inventory per location and complete a-c.

a. How often are inventory records updated? _____

b. Is any stock stored outside of a scheduled building after business hours?

☐☐

c. Are all outdoor dumpsters fenced in with lockable gates to discourage trespassers from rummaging through them, possibly causing themselves injury?

☐☐4. Do you refurbish, repair, repackage, re-label, remove labels or in any other way modify items (*excluding cosmetic changes*)?☐☐5. Do you publish and enforce housekeeping guidelines? **If yes,** attach copy of housekeeping rules.☐☐

6. Are expiration dates of food products monitored?

☐☐

7. Do you use insecticide or pesticides?

☐☐**If yes,** is application completed by a licensed and insured contractor?☐☐

8. Do you monitor refrigerator system to ensure that temperatures do not fall below acceptable levels?

☐ **Not Applicable**☐☐**If yes,** how do you monitor the temps? _____

K. Sale or Distribution of Food or Merchandise *Continued***Yes No**

9. Do you have a backup generator for refrigerator system?

☐ **Not Applicable**☐☐

10. Does the value of any item for sale exceed \$500?

☐☐

If yes, describe items _____

L. Data Compromise☐ **Not Applicable****Yes No**

1. Has your organization suffered a breach of personal information in the last 12 months?

☐☐

If yes, please explain.

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

☐☐

If no, please explain.

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

If no, please explain.

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

☐☐

If no, please explain.