GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

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 ☐ No

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)*: _____	_____	_____	_____

	Yes	No
2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance?	☐	☐
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?	☐	☐
	If yes, are procedures in place to verify current licenses and/or certifications are maintained?	☐	☐
	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?	☐	☐
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?	☐	☐
	If yes, please provide details.		

D. 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:		
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.	Do you provide transportation to any clients, members or the general public?	☐	☐
	If yes, describe services _____		
	a. Are strict routes and time tables enforced?	☐	☐
	b. When transporting passengers younger than 18 years of age, are 2 adults present?	☐	☐
	c. Are you following all applicable state and federal licensing laws?	☐	☐
	d. Do you maintain driver files on CDL licensed drivers?	☐	☐
	e. Do any autos have wheelchair lifts?	☐	☐
5.	What types of driver training do you provide your drivers?		
	Training Methods: ☐ Document Distribution ☐ Classroom Training ☐ Road Testing ☐ Other_____		
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 _____		

D. Automobile Coverage *Continued*

		Yes	No
	☐ 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? ☐ Data Sensors ☐ Integrated GPS Navigation ☐ Wireless Mobile Devices ☐ 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?	☐	☐
	If yes, is it secured?	☐	☐
3.	Are food allergy procedures in place?	☐	☐
4.	Are prescription medication procedures in place *(inclusive of authorized dispensing instructions)*?	☐	☐
5.	Are waivers in place for all youth program attendees?	☐	☐
6.	Is your facility fully equipped with permanent Tamper Resistant Receptacles?	☐	☐
7.	Do you have a nurse or doctor on-site?	☐	☐

F. Museum

☐ **Not Applicable**

		Yes	No
1.	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.		

F. Museum *Continued*	Yes	No
2. Are any of the insured's exhibits interactive?	☐	☐
If yes, are all electronic devices that are part of such exhibits properly grounded, regularly maintained, and inspected daily?	☐	☐
3. Does your organization currently have or ever install exhibits that are suspended from the ceiling?	☐	☐
4. In regard to school groups and field trips, does your organization:		
a. Require school groups to schedule in advance?	☐	☐
b. Require chaperones to stay with children at all times?	☐	☐
c. Require a chaperone to child ratio?	☐	☐
If yes, please note ratio _____		
5. Does your organization repair, restore, retouch, or conserve collection(s)/fine arts?	☐	☐
If yes, what types of chemicals or solvents are used? _____		
Are all such chemicals stored in Environmental Protection Agency (EPA)-approved containers? ☐ **Not Applicable**	☐	☐
6. **Fine Arts:**		
a. Are there temperature and humidity controls in the exhibition galleries, and storage areas?	☐	☐
b. Are there back-up generators in place?	☐	☐
c. Are there any below-grade/basement exposures?	☐	☐
d. How are high value items protected?		
Owned Collections:		
e. Amount of coverage you wish to purchase collection *(fine arts, exhibits, etc.)* _____		
**Attach copy of inventory or statement of values for items greater than $5,000*		
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?	☐	☐
h. Have all items valued greater than $25,000 been appraised?	☐	☐
i. Is documentation of the collection(s) stored electronically and off-site?	☐	☐
Loaned Collections:		
j. Are written loan agreements obtained for all collections loaned to insured?	☐	☐
k. Do the agreements specify who is responsible for damage and insurance?	☐	☐
l. Is an inventory of the loaned collection provided?	☐	☐
m. Is total value of collection agreed upon for a total loss?	☐	☐
n. Is the condition of each collection documented/inventory upon receipt?	☐	☐
o. Does the insured make a photographic record of objects within all temporary collection?	☐	☐
7. Any collection item include “one of a kind” items?	☐	☐
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?	☐	☐
9.	Do you have a need for Worldwide coverage for your property *(fine arts, exhibits, etc.)*?	☐	☐
10.	Does your organization transport owned or leased collections?	☐	☐
	If yes,		
	a. Does your organization verify that contract terms require the borrowing organization to name lending organization as an Additional Insured?	☐	☐
	b. Does your organization ever accept responsibility for packaging the fine arts for transit?	☐	☐
	c. Does your organization only utilize transit carriers that specialize in fine arts?	☐	☐
	d. Any special precautions taken against theft or breakage in transit?	☐	☐
	e. Are condition reports used on all shipments?	☐	☐
	f. Is the full value declared with the carrier for hire?	☐	☐
	g. What is the maximum value of items being shipped? _____		
	h. What is the maximum distance of items being shipped? _____		
11.	Are forklifts used?	☐	☐
	If yes,		
	a. Do forklifts have back-up alarms?	☐	☐
	b. Are forklift drivers certified?	☐	☐

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?	☐	☐

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?	☐ ☐	☐ ☐	☐ ☐
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 H. Aircraft *(motorized or not)* 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? ☐ ☐

8. Are any of the event activities provided by a third party? ☐ ☐

If yes, Do you require a certificate of insurance from the third party? ☐ ☐

Are any of the activities under contract with the third party? ☐ ☐

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?	☐	☐
If yes,	a. Does your rental agreement contain "hold harmless" clause in your favor?	☐	☐
	b. Does your contract require you to be named as Additional Insured on the renter's policy?	☐	☐
	c. Does agreement make the renter responsible for security during rental period?	☐	☐
3.	Do you rent premises to those that do not carry liability insurance?	☐	☐
4.	Is there a staff member on site and available for questions during rental?	☐	☐

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?	☐	☐

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 expirations 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. 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?	☐	☐