GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Supplementary Questionnaire

If your organization includes any of the following operations, complete the more appropriate, risk specific questionnaire: Animal Related, Club, Camp, Childcare or School, Church or Religious, Shelter or Temporary Housing, Performing Arts or Museums, Vocational Training, Athletic or Recreational Activities, Pools or Water Recreation. This is a supplementary questionnaire; a completed, signed ACORD application is required.

Name of organization _____

Website address _____

If your organization does not have a website, attach brochure and detailed description of daily activities of your organization.

FEIN _____ Years under current management _____

Years in business _____

A. General Operations and Facilities

		Yes	No
1.	Provide all applicable information:		
	Payroll _____ Number of employees _____ Number of volunteers _____		
	Total revenues _____		
	Previous insurance carrier? _____		
	Has there been a lapse in coverage?	☐	☐
2.	Clients in each age range: <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.	Is your organization more than 25% owned by a private equity structure?	☐	☐
	If yes, provide the name of the private equity company: _____		
5.	What is the primary funding source for your organization? ☐ Federal ☐ State ☐ County ☐ Other _____		
6.	Please indicate if your organization provides programs or services pertaining to any of the following:		

☐	Alternative medicine *(e.g. acupuncture, chiropractic, diet, etc.)*	☐	Drone classes or services
☐	Counseling for individuals with eating disorders	☐	Detoxification or methadone services
☐	One-on-one or peer counseling	☐	Fiscal sponsorship or insurance coverage to other entities
☐	Crisis intervention *(e.g. hotline, inpatient, etc.)*	☐	Individuals with suicidal or violent behavior
☐	Financial or lending services or handling of clients' money	☐	Foreign exchange programs
☐	Adoption or foster placement	☐	Behavioral health services
☐	In-home Services *(e.g. meal delivery, chore assistance, etc.)*	☐	Sponsoring rallies, civil demonstrations, or protests
☐	Respite Care or Foster Care	☐	Political action *(e.g. lobbying, petitioning, etc.)*
☐	Individuals with Alzheimer's or dementia	☐	Infectious or contagious disease
☐	Mentoring programs matching youth with mentors	☐	Individuals with severe mental illness *(e.g. bipolar, schizophrenia, paranoia, etc.)*
☐	Alternative sentencing, incarceration or lock-down programs	☐	Assistance with Activities of Daily Living *(e.g. bathing, dressing, toileting, etc.)*
☐	Sexual offenders or Individuals with sexually abusive behavior	☐	Direct medical services *(e.g. skilled nursing, prescription of medications, etc.)*
☐	Legal advocacy or legal services	☐	Cannabis dispensing, storage, or permitted use *(medical or recreational)*
☐	No Direct services *(Only provide referrals to other entities)*	☐	**None of the above services or programs are applicable**

A. General Operations and Facilities *Continued*

		Yes	No
	If yes, any listed above, describe:		
7.	Does your organization employ doctors, dentists, psychiatrists, or nurse practitioners?	☐	☐
8.	Does your organization utilize chemical or physical restraint or confinement techniques?	☐	☐
9.	Does your organization have any outdoor playground equipment?	☐	☐
If yes,	a. Was all equipment manufactured by a commercial manufacturer?	☐	☐
	b. Was all equipment installed by an insured contractor?	☐	☐
	c. Is the outdoor equipment gated including a self-closing mechanism?	☐	☐
	d. Does all equipment have signage indicating recommended age for safe use?	☐	☐
	e. How frequently is the playground inspected for safety?		
	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other_____		
	f. Would you like property coverage for any playground equipment?	☐	☐
	i. **If yes,** describe type of property or equipment, the location and the value below.		
	_____		
10.	Does your organization have any other outdoor property *(paved surfaces, fences, equipment, etc.)*?	☐	☐
	If yes, 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. _____		
11.	Does your organization have any air-supported or tension supported buildings?	☐	☐
	If yes, please advise address _____		
	Age of building _____ Manufacturer_____		
12.	Are any of your buildings historical?	☐	☐
	If yes, Is the building on the historic registry? ☐ Not Applicable ☐ Local ☐ State ☐ National		
	Has the building had a replacement cost appraisal?	☐	☐
	**If yes, please provide a copy.*		
13.	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		
14.	What security measures are regularly in place? *(Check all that apply)*		
	Building Systems: ☐ Electronic locks ☐ Automated Access Control System ☐ Alarmed doors ☐ Security cameras ☐ Surveillance Cameras ☐ Metal detectors ☐ Emergency drills		
15.	Does your organization have security guards for regular operations?	☐	☐
	If yes,		
	a. Are security personnel: ☐ Employees ☐ Volunteers ☐ Contracted Third Party ☐ On-Duty Police ☐ Off-Duty Police ☐ Other_____		
	**If contracted provide copy of contract.*		

A. General Operations and Facilities *Continued*

		Yes	No
b.	Is security: ☐ Unarmed ☐ Armed: Describe Weapons _____		
c.	Number of security personnel _____ Payroll *(or contract premium)* _____		
d.	Additional security comments _____		
16.	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*		
17.	Does your organization have any plans for renovations or new construction during the next 2 years?	☐	☐
	If yes, describe.		
18.	Does your organization have any buildings that are more than 25% vacant, unoccupied *(including temporarily)*, or for sale?	☐	☐
	If yes, provide address of building(s) _____		
19.	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 do you receive in an average year? _____		
20.	Does your organization offer any youth programs or childcare services?	☐	☐
	If yes, complete the Childcare Questionnaire		
21.	Does your organization offer any sport or recreational activities?	☐	☐
	If yes, complete the Athletic or Recreational Activities Questionnaire.		
22.	Does your organization have a pool, water playground, sauna, or hot tub, or offer any water recreation activities?	☐	☐
	If yes, complete the Pool and Water Recreation Questionnaire.		

B. Management Practices

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

		EMPLOYEES ☐ No Employees		VOLUNTEERS ☐ No Volunteers	
2.	Indicate all employee *(and/or volunteer)* screening controls utilized by your organization.	Yes	No	Yes	No
a.	Signed applications and photo identification required	☐	☐	☐	☐
b.	Personal interviews conducted	☐	☐	☐	☐
c.	Personal references verified	☐	☐	☐	☐
d.	Minimum 5 years of employment verified	☐	☐	☐	☐
	Explain any **NO** response: _____				

B. Management Practices *Continued*

		EMPLOYEES ☐ No Employees		VOLUNTEERS ☐ No Volunteers	
3.	Indicate all employee *(and/or volunteer)* background checks utilized by your organization	Yes	No	Yes	No
	a. Name check – state level	☐	☐	☐	☐
	b. Name check – national level *(e.g. using online vendor services)*	☐	☐	☐	☐
	c. 10-digit fingerprint check - State level	☐	☐	☐	☐
	d. 10-digit FBI fingerprint check - National level	☐	☐	☐	☐
	Explain any **NO** response: _____				
	e. Description of other screening methods:				

4.	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?	☐	☐
5.	Does your organization allow volunteers under the age of 18?	☐	☐
	If yes, is a Parent or Guardian required to sign a volunteer waiver and release for those under the age of 18?	☐	☐
6.	Are all screening controls and background clearance controls completed prior to:		
	a. Hiring employee or accepting volunteer?	☐	☐
	Explain any **NO** response: _____		
7.	How long do you retain incident reports for injuries and documentation of actions taken?		
	☐ Number of years_____ ☐ Permanently		

C. Organizations in Business Less than 3 Years

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. Physical and Sexual Abuse Liability

		☐ Not Applicable	Yes	No
1.	Does your organization have written abuse policies?		☐	☐
	If yes, do the policies:			
	a. Communicate a Zero-tolerance approach to inappropriate behaviors		☐	☐
	b. Define appropriate and inappropriate behaviors		☐	☐
	c. Communicate the organization will investigate and cooperate with law enforcement		☐	☐
2.	Does your organization require that employees sign that they have read the organization's written abuse policies and retain the record?		☐	☐
3.	Does your organization enforce the 3-person rule? *This means requiring at least 2 adult employees or volunteers to be with clients at all times and prohibiting any employees and volunteers from being alone with vulnerable clients, including during transportation.*		☐	☐
	If no, explain and include details on controls in place:			

D. Physical and Sexual Abuse Liability *Continued*

		Yes	No
4.	How does your organization monitor client areas? ☐ Surveillance Cameras ☐ Live Stream Cameras ☐ Closed circuit monitors ☐ Staff tours / detours ☐ Office windows ☐ Doors with windows ☐ Not applicable ☐ Other: _____		
5.	Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors?	☐	☐
	If yes, do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?	☐	☐
6.	Does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)* prior to:		
	a. Employee or Volunteer contact with client?	☐	☐
	Explain any **NO** response: _____		
7.	How frequently does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)*? *Check all that apply*. ☐ Prior to hire ☐ Annually ☐ Biennually ☐ Not applicable ☐ Other: _____		
8.	Does your organization retain employee and volunteer records, including records of background checks?	☐	☐
	If yes, are records retained permanently?	☐	☐
9.	Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made your organization or anyone working on behalf of your organization?	☐	☐
	If yes, explain:		
10.	Does your organization retain reports of situations, occurrences, and allegations of abuse and the actions taken?	☐	☐
	If yes, are records retained permanently?	☐	☐
11.	Does your organization have a procedure in place for when an employee or volunteer has an allegation or claim made against them for misconduct?	☐	☐
	If yes, what is your procedure for misconduct?		
	If there is an allegation made,		
	a. Does your organization retain the individual on staff?	☐	☐
	b. What corrective action is taken?		
12.	Does your organization have a procedure in place for when a child or client has an allegation or incident of misconduct?	☐	☐
	If yes, what is your procedure for misconduct?		
	If there is an allegation made,		
	a. Does your organization allow the individual to remain in the program?	☐	☐
	b. What additional controls are put in place?		

13. Indicate abuse or molestation prevention training provided:

	No Training Provided	Orientation Training Upon Hire / Affiliation	Annual Awareness Training Provided	Is training documented and retained? Yes	No
Employees	☐	☐	☐	☐	☐
Volunteers	☐	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐

D. Physical and Sexual Abuse Liability *Continued*

		Yes	No
14.	Is your organization considered a "Mandated Reporter" by regulatory authorities?	☐	☐
15.	Does your organization work with Praesidium for abuse risk management? ☐ **Not Applicable**	☐	☐
16.	Are you contractually obligated to carry abuse and molestation coverage?	☐	☐

If yes, what limits are required by contract? _____

Please attach a copy of the contract.

17. Please add any further detail to clarify abuse controls or answers to the above.

E. Professional Liability *(Complete if professional liability is requested.)*

☐ **Not Applicable**

		Yes	No
1.	Does your organization provide: One-on-one counseling or private therapy services	☐	☐
	If yes,		
	a. Does your organization require that a parent/guardian/advocate remain present *(on premise and within close proximity to the room)* for all youth counseling or youth therapy sessions?	☐	☐
	b. Does your organization accept employees or volunteers who have less than 5 years' experience for verification and references to perform one-on-one counseling or therapy services?	☐	☐

c. How does your organization ensure the safety of vulnerable clients during one-on-one sessions?

2. Provide indication of where your services will be provided. **If not yet providing services, please provide your projected exposure.*

Service in client home _____%

Service in owned or leased facility _____%

Service at facility of another organization _____%

3. 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
Religious professionals *(Clergy, Pastors, Ministers, etc.)*			
Teachers, daycare workers			
Special education teachers, Board Certified Behavior Analysts *(BCBA)*			
Therapists *(Behavioral, Occupational, Physical, Speech, etc.)*			
Massage Therapists, Personal Trainers			
Guidance or vocational counselors			
Mental Health Professionals (*e.g. Psychologists, Social Workers, Counselors)*			
Nurse Practitioners (NP, APRN), Physician Assistants (PA) or others with authority to prescribe medication.			
Nurses without authority to prescribe medication			
Medical Doctors, Dentists, Psychiatrists , or others with specialty medical degrees			
Student Interns under your supervision			
Other degreed professionals *(Describe degree level and position)*: _____	_____	_____	_____

Please describe the responsibilities of any medical staff:

E. Professional Liability *Continued*

		Yes	No
4.	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?	☐	☐
5.	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?	☐	☐
6.	Has any employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	☐	☐
7.	Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	☐	☐
8.	Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	☐	☐
9.	Is your organization aware of any situations or circumstances in the last five years *(including lawsuits)* that may result in a professional claim made against your organization or any individual covered by this policy?	☐	☐

If yes, please provide details.

F. Hired and Non-Owned Auto *(Complete if auto liability is requested.)*

		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		
	☐ Transportation of others: ☐ 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.)?	☐	☐

F. Hired and Non-Owned Auto *Continued*

	Yes	No
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 Automobile

☐ **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 _____

	Yes	No
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. Facility Rental *(Complete if premises is rented to others)*

☐ **Not Applicable**

	Yes	No
1. Number of times a year your organization rents, leases or sub-leases, or lends the premises to others, either for a fee or at no cost? _____		
Area of premises that is rented to others: _____sq.ft.		
2. Are all renters required to sign a written rental contract?	☐	☐
If yes, a. Does the rental agreement contain "hold harmless" clause in favor of your organization?	☐	☐

H. Facility Rental *Continued*

		Yes	No
	b. Does the rental agreement require the renter to name your organization as Additional Insured on their liability policy?	☐	☐
	c. Does the agreement make the renter responsible for security during rental period?	☐	☐
3.	Does your organization require all third parties to provide certificates of insurance with limits of at least $1,000,000?	☐	☐
4.	Does your organization permit renters to sell, serve or furnish alcohol on premises?	☐	☐
If yes,	a. Does your organization require controls for this exposure in the terms of the rental agreement (*training for servers, COI from caterer, etc.)*?	☐	☐
	b. Does your organization maintain a list of acceptable caterers and/or bar service providers?	☐	☐
5.	Is there a staff member on site and available for questions during rental?	☐	☐

I. Special Events *(Events, fundraisers, social gatherings, etc.)*

☐ **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 all applicable activity codes from list below)*			

Activity Codes *(for use above)*

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

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

I. 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. If event includes a parade, please provide the following 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.	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	☐	☐

9. **If Liquor or Alcohol is Served or Sold at Events** ☐ **Not Applicable**

If served without charge, total annual cost of alcohol purchased to serve at events: $ _____

If sold, gross annual alcohol sales at events: $ _____

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

a. Type of license obtained for sale of alcohol:

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

b.	Are any employees or volunteers 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

J. Sale or Distribution of Food or Merchandise *(Shops, cafes, food pantries, etc.)* ☐ **Not Applicable**

		Yes	No
1.	Goods distributed or sold by the organization:		

☐ Food ☐ New merchandise ☐ Other _____

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?	☐	☐

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

		Yes	No
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? _____		
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.	Merchandise is: ☐ Sold – Gross sales: $ _____		
	☐ Distributed to individuals – value distributed: $_____ pounds distributed:_____		
	☐ Distributed to other organizations – value distributed: $ _____ pounds 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, describe items: 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-c		
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?	☐	☐

K. Liquor Liability *(Liquor liability coverage requests.)*

☐ Not Applicable

		Yes	No
1.	Please describe the operations that have liquor liability exposure: _____		
2.	Gross annual alcohol sales: $ _____		
3.	Type of alcohol? ☐ Beer only ☐ Beer and wine only ☐ Beer, wine and/or liquor		
4.	Type of license obtained for sale of alcohol:		
	☐ Hotel/ Restaurant License ☐ Tavern or bar License ☐ Caterers License ☐ BYOB		
	☐ Special Temporary License or Event License ☐ Other: _____		
5.	Are any employees or volunteers of your organization responsible for serving alcohol?	☐	☐
6.	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		

L. Property Protection

		Yes	No
1.	Is your property in a remote location?	☐	☐
	a. **If yes,** is there a full-time caretaker on premises?	☐	☐
	b. Please describe controls in place to prevent malicious mischief, vandalism, arson, etc.		
2.	Is your property located in an area prone to brush fire or wildfire?		
	a. **If yes,** please describe risk management controls in place to reduce burn exposure.		
3.	Do you have written procedures to utilize an alternate water source and an automatic fire pump for fire suppression?	☐	☐
	a. **If yes,** is the system and pump tested annually?	☐	☐
	b. Please describe the water source _____		

M. Electrical Systems

		Yes	No
1.	Please provide the following electrical information		
	a. Make & manufacturer of electrical panel and breakers _____		
	b. Is all electrical wiring connected to functional and operational circuit breakers?	☐	☐
	c. Does your facility have aluminum wiring?	☐	☐
	d. Does your facility have knob and tube wiring?	☐	☐
	e. Who completes your electrical repairs?		
	☐ Licensed electrician ☐ Volunteer ☐ Other _____		
2.	Please indicate type of panel ☐ Federal Pacific Electric "Stab-Lock" (FPE) ☐ Zinsco		
	☐ Challenger ☐ Split-bus ☐ Pushmatic Bulldog ☐ Other _____		

N. Plumbing and Water Systems

		Yes	No
1.	Does your organization have basement drains and/or floor drains?	☐	☐
	a. **If yes,** are they equipped with one-way valves to prevent water backup?	☐	☐
2.	What type of pipes are present, select all that apply:		
	☐ Lead ☐ Plastic or PVC ☐ Copper ☐ Brass ☐ Steel/galvanized steel ☐ Rubber		
	☐ Other _____		

N. Plumbing and Water Systems *Continued*

		Yes	No
3.	Are pipes wrapped in insulation, select all that apply: ☐ Asbestos ☐ Rubber ☐ Fiberglass ☐ Foam ☐ Other _____		
4.	Does your organization have water lines or sprinkler lines in unheated areas like attics, crawl spaces, etc. or in areas where the temperature may fall below 45°F?	☐	☐
5.	Does your organization have any seasonal, vacant, or unused buildings with water pipes?	☐	☐
6.	Is there an annual formal maintenance and freezing weather inspection schedule for all buildings for cold weather?	☐	☐
7.	Please describe all seasonal freeze prevention measures for water pipes and unheated areas:		
8.	Are there procedures in place if pipes freeze?	☐	☐
9.	Are there procedures in place if pipes burst?	☐	☐
10.	Are you interested in property telematics?	☐	☐
11.	Please describe all seasonal freeze prevention measures for water pipes and unheated areas: have automatic sprinklers?	☐	☐
a.	Has your sprinkler system been tested by a qualified contractor within the last 12 months?	☐	☐
b.	Has your sprinkler system received a formal winterization review by a qualified sprinkler contractor within the last 12 months?	☐	☐
c.	Are the sprinkler system activation alarms monitored by an approved 24-hour alarm receiving center?	☐	☐
d.	Does your organization regularly inspect your sprinkler system to verify access and identify concerns?	☐	☐
e.	Are all valves in the correct operating positions, as indicated by system diagrams?	☐	☐

O. Roof

		Yes	No
1.	Square footage of roof _____ Age of roof _____ Planned date for roof replacement _____		
2.	Style of roof, select all that apply: ☐ Conventional slope ☐ Low slope ☐ Flat ☐ Parapet walls ☐ Mono-slope ☐ Gable *(2 slopes)* ☐ Hip *(4 slopes)* ☐ Other _____		
3.	Type of roof material, select all that apply: ☐ Asphalt ☐ Slate ☐ Metal ☐ Composite ☐ Rubber/rolled membrane ☐ Clay tiles ☐ Concrete tiles ☐ Wood/cedar shake ☐ Synthetic composite shingles		
4.	Is the roof hail resistant? ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4	☐	☐
5.	Does your organization conduct annual roof inspection and regular maintenance?	☐	☐
6.	Any roof leaks in the past 12 months?	☐	☐
a.	**If yes,** please describe any work to repair the leaks: ☐ None planned at this time	☐	☐
7.	Has the roof been exposed to severe weather in the past 5 years?	☐	☐
a.	**If yes,** ☐ No damage ☐ Repaired damage ☐ Unrepaired damage		
8.	Is there roof mounted equipment *(HVAC, solar panels, skylights, etc.)*?	☐	☐
a.	Please describe type, age, and indicate number of units:		
b.	Indicate if equipment is owned or leased: ☐ owned or ☐ leased		
c.	Is there hail guard protection in place?	☐	☐

O. Roof *Continued*

		Yes	No
	d. Please describe other controls utilized to protect your roof and/or mounted equipment:		
9.	Does your organization have solar panels?	☐	☐
	If yes,		
	Cost of solar panels: _____ Inverter cost: _____ Installation cost: _____		
	kilowatt (kW):_____ Number of panels: _____ Age of panels: _____		
	Panels are: ☐ Installed on rooftop ☐ Freestanding		
	Was the system installed by a Certified EPC Installer?	☐	☐

P. Advertising Exposures *(Service brochures, Websites, Social Media, etc.)*

☐ **Not Applicable**

		Yes	No
1.	Does your organization:		
	Create your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.	☐	☐
	Sell music or printed materials created, published or produced by someone within your organization.	☐	☐
	Air television, radio or internet broadcast segments *(podcasts/logs/etc.)*, public service announcements *(PSAs)* or shows.	☐	☐
	If yes,		
	a. Does your organization 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. Does your organization 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.		

Q. 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?	☐	☐

Fraud Warning Statement

This Statement is provided to you with the insurance application that you are filing. READ the applicable Fraud Warning Statement for the state in which your application is being made before executing and submitting the attached document to the insurer or your insurance agent.

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Completed by_____ **Date Completed** _____

Email Address _____ **Signature** _____