#

# MUSEUM INSURANCE QUESTIONNAIRE

* **NOTE: This questionnaire is to be submitted along with the following completed and signed forms:**
	+ **ACORD Applicant Information Section 125**
	+ **ACORD Commercial General Liability Section 126**
	+ **ACORD Applications for other requested coverages: Property; Garage; Crime; Inland Marine; Transportation; Excess Liability; Employment Related Practices.**

|  |
| --- |
| **GENERAL INFORMATION** |
| 1. Name of Insured (Applicant): |       |
| 2. Location/Address (if different from ACORD):       |
| 3. What is the insured’s FEIN number? |       |
| 4. What is the insured’s website address?       |
| 5. Number of years in business?       |
| 6. Does the insured conduct any other operations under this name? [ ]  Yes [ ]  No If yes, please explain:       |
|  |
| **UNDERWRITING INFORMATION** |
|  |  |
| 1. Type of Museum: |       |
| 2. Full description of operations:        |
| 3. Average number of visitors annually: |       |
| 4. Professional organization memberships: |       |
| 5. Are you accredited? [ ]  Yes [ ]  No  If yes, by whom:       |
| 6. Total Annual Revenues: |       |
| 7. Square footage of facility: |       |
| 8. Do you have a formal safety program in place? [ ]  Yes [ ]  No  |
|  |
| **EXHIBIT COVERAGE** |
|  | Location #1 | Location #2 | Location #3 |
| 1. Premises Type |       |       |       |
|  Permanent Exhibits: |  |  |  |
|  Limit of Insurance |       |       |       |
|  Deductible |       |       |       |
|  Total Values |       |       |       |
|  Average Value per Item |       |       |       |
|  Maximum Value per Item |       |       |       |
|  Temporary Exhibits: |  |  |  |
|  Limit of Insurance |       |       |       |
|  Deductible |       |       |       |
|  Total Values |       |       |       |
|  Average Value per Item |       |       |       |
|  Maximum Value per Item |       |       |       |
| 2. Exhibits on loan from others: |
|  a) Who is responsible for the insurance while property is in transit? |       |
|  b) Who is responsible for the insured while at the insured’s premises? |       |
|  c) Are the packers trained in property packing methods for valuable items? [ ]  Yes [ ]  No |
| 3. Exhibits loaned to others: |
|  a) Who is responsible for the insurance while property is in transit? |       |
|  b) Who is responsible for the insured while at the insured’s premises? |       |
|  c) Are the packers trained in property packing methods for valuable items [ ]  Yes [ ]  No |
| 4. Temporary Exhibits: |
|  a) Are written agreements obtained for all exhibits loaned to you? [ ]  Yes [ ]  No |
|  b) Do the agreements specify who is responsible for damage and insurance? [ ]  Yes [ ]  No |
|  c) Is valuation agreed upon for a total loss? [ ]  Yes [ ]  No Partial loss? [ ]  Yes [ ]  No |
|  d) Is the condition of each exhibit documented upon receipt? [ ]  Yes [ ]  No |
|  e) Do you make a photographic record of objects within all temporary exhibits? [ ]  Yes [ ]  No |
| 5. Permanent Exhibits: |
|  a) Are your permanent exhibits fully inventoried? [ ]  Yes [ ]  No |
|  b) Date values were last updated? |       |
|  |
| **GENERAL LIABILITY COVERAGE** |
|  |
| 1. Is the staff required to report all incidences to management that may result in a claim? [ ]  Yes [ ]  No |
| 2. Are written records of all incidences kept by management? [ ]  Yes [ ]  No |
| 3. Are all incidents reviewed? [ ]  Yes [ ]  No |
| 4. Do you have volunteer workers? [ ]  Yes [ ]  No |
|  a) What is the average numbers of volunteers daily? |       |
|  b) Describe their duties: |       |
| 5. Does the insured have security guards? [ ]  Yes [ ]  No  |
|  a) Are they armed? [ ]  Yes [ ]  No |
|  b) Are they provided by an independent contractor? [ ]  Yes [ ]  No  |
| 6. If contracted professionals are used, does the insured require them to sign a hold harmless or  indemnification agreement? [ ]  Yes [ ]  No |
|  If yes, please attach a copy of standard agreement. |
|  a) Are certificates of insurance required and kept on file for those contracted professionals? [ ]  Yes [ ]  No |
|  If yes, what are the minimum limits of liability required?  |       |
| 7. Please indicate if you have any of the following exposures: |
|  [ ]  Theater:  | Type: |       | Number of annual admissions: |       |
|  [ ]  Aquarium: | Dimensions: |       | Types of Fish |       |
|  [ ]  Children’s Camp: | Dates of Operations: |       | Number of children attending annually: |       |
|  [ ]  Concerts: | Type: |       | Number and Frequency: |       |
|  [ ]  Lectures: | Type: |       | Number and Frequency: |       |
|  [ ]  Reflecting pool, wishing wells, lakes, fountains, ponds: Type: |       |
|  Are signs posted warning visitors not to enter or touch the water? [ ]  Yes [ ]  No  |
|  [ ]  Animals: Type: |       |
|  Can the animals be handled by visitors? [ ]  Yes [ ]  No |
| 8. Are all hands-on exhibits inspected daily to check for broken pieces or malfunctions? [ ]  Yes [ ]  No |
| 9. Are there guided tours of the museum? [ ]  Always [ ]  Special Groups only |
| 10. Do school groups require chaperones to stay with the children at all times? [ ]  Yes [ ]  No |
|  If no, please describe supervision:  |       |
| 11. Do you offer summer camps and/or after school programs? [ ]  Yes [ ]  No |
|  If yes, how many camper days? |       |
|  Do camps ever travel off premises? [ ]  Yes [ ]  No |
|  If yes, please explain.        |
| 12. Are overnight lock-ins offered? [ ]  Yes [ ]  No |
|  If yes, are chaperones or employees responsible for the group? |       |
| 13. Do you have a gift shop? [ ]  Yes [ ]  No |
|  a) Annual gross receipts:  | $       |
|  b) Describe the items that are sold:  |       |
|  c) Is the gift shop operated by an independent contractor? [ ]  Yes [ ]  No  |
|  d) Are hold harmless agreements and certificates of insurance obtained from the contractor and  all suppliers or licensees? [ ]  Yes [ ]  No  |
| 14. Do you have a restaurant or cafeteria? [ ]  Yes [ ]  No  |
|  Annual gross receipts:  | $       |
|  |
| **TRANSIT COVERAGE** |
|  |
| 1. Limit of insurance: | $      | Deductible: | $      |
| 2. Type of Shipping:  |
|   |  Owned Vehicles |      % | Carriers |      % | Air |      % | Registered Mail |      % |
| 3. Name of Carriers: |       |
| 4. What percentage of the value of the items is declared to carriers for hire? |      % |
| 5. Who is responsible for packing and unpacking? |       |
| 6. Are exhibits shipped outside the United States? [ ]  Yes [ ]  No |
|  |
| **ABUSE AND MOLESTATION COVERAGE** |
|  |
| 1. Do your employees and volunteers (paid and volunteer) employment application include  questions about whether the individual has ever been convicted for any crime, including  sex-related or child-abuse offenses? [ ]  Yes [ ]  No |
|  If yes, what is the process for dealing with a "yes" answer?  |       |
| 2. (a) Does your state permit you to do criminal background checks on: |
|  [ ]  Yes [ ]  No Employees? |
|  [ ]  Yes [ ]  No Volunteers? |
|  (b) If yes, do you routinely request and receive such background information on all individuals  who will have contact with minors? [ ]  Yes [ ]  No |
| 3. (a) Do you verify employment-related references for employees? [ ]  Yes [ ]  No |
|  (b) Do you verify employment-related references for volunteers?  [ ]  Yes [ ]  No |
| 4. (a) Do you conduct a personal interview for employees?  [ ]  Yes [ ]  No |
|  (b) Do you conduct a personal interview for volunteers?  [ ]  Yes [ ]  No |
| 5. Do you have a written set of procedures for screening employees and volunteers?  [ ]  Yes [ ]  No |
|  If yes, please forward. If no, please describe your screening process. |       |
| 6. Do you have an Abuse / Molestation Policy with regard to sexual abuse? [ ]  Yes [ ]  No |
|  If yes, please indicate how it is transmitted to your employees/volunteers.  |       |
| 7. Do you have written procedures for dealing with allegations of sexual abuse? [ ]  Yes [ ]  No  |
|  If yes, please forward. If no, please describe what your current response would be.       |
| 8. Describe how your organization supervises employees and volunteers having custody of children. |       |
| 9. Describe specific policy regarding any overnight travel.  |       |
| 10. (a) Has your organization ever had an incident which resulted in an allegation of sexual  abuse? [ ]  Yes [ ]  No |
|  If yes, please describe your organization's response to the allegation.       |
|  (b) Was a claim made against the organization or an individual within the organization? [ ]  Yes [ ]  No |
|  When did the alleged incident(s) occur?       |
|  (c) Was the case taken to trial? [ ]  Yes [ ]  No | [ ]  Civil [ ]  Criminal |
|  (d) What was the disposition of the case?       |
| 11. Regarding coverage for abuse and molestation, does your current insurance program: |
|   [ ]  Yes [ ]  No Exclude coverage? |
|   [ ]  Yes [ ]  No Limit coverage (please forward a copy of the endorsement)? |
|   [ ]  Yes [ ]  No Neither exclude or limit coverage? |
| 12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any  |
|  time.       |
| 13. Please describe your current and/or planned operations that involve the custodial care of minors.       |
|  |

|  |
| --- |
| **AUTO EXPOSURE**  |
|  |
| Complete the following chart:  |
|  | We do this and are seeking coverage. | We do this and have coverage elsewhere. | We do not do this. |
| Own/lease/borrow/rent vehicles for company business. | [ ]  | [ ]  | [ ]  |
| Hire transportation services for company business. | [ ]  | [ ]  | [ ]  |
| Allow employees/volunteers to drive their personal vehicles on company business. | [ ]  | [ ]  | [ ]  |
| Provide valet or VIP parking services. | [ ]  | [ ]  | [ ]  |
| Provide or hire shuttle services. | [ ]  | [ ]  | [ ]  |
|  |
| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. |
|  |

|  |
| --- |
| **CONSTRUCTION/RENOVATION** |
|  |
| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period? [ ]  Yes [ ]  No If yes: Who will perform the work? [ ]  Employees [ ]  Contractor Please describe the work or project:        |
|  |
| **EMERGENCY RESPONSE PLAN** |
|  |
| 1. Do you have an Emergency Response Plan? [ ]  Yes [ ]  No  |
| 2. How often is the plan updated?       |
| 3. What year was the plan last updated?       |
| 4. Do you review the plan with employees? [ ]  Yes [ ]  No |
| 5. What frequency is the plan reviewed with employees?       |
| 6. Do you have an active shooter plan? [ ]  Yes [ ]  No |
|  |
| **EMPLOYEE BENEFITS LIABILITY** Is Employee Benefits Liability coverage desired? [ ]  Yes [ ]  No ***If yes, please complete the following section.***  |
|  |
| 1. Number of employees:       |
| 2. Retroactive Date:        |
| 3. Has Employee Benefits Liability coverage been continuously in force since the Retroactive Date? [ ]  Yes [ ]  No |
| 4. On optional enrollment items, is a signed acceptance/rejection page collected? [ ]  Yes [ ]  No If yes, is the signed acceptance or rejection retained in the employee’s personnel file? [ ]  Yes [ ]  No |
|  |
| **FIREWORKS/PYROTECHNICS**  |
|  |
| 1. Are pyrotechnics or fireworks displayed at any of your operations/events? [ ]  Yes [ ]  No If yes, is excess pyrotechnics/fireworks coverage desired? [ ]  Yes [ ]  No  **If coverage is desired, please complete the Pyrotechnics Supplemental Questionnaire.** |
|  |
| **LIQUOR LIABILITY** |
|  |
| 1. Do your operations include the sale or distribution of alcoholic beverages? [ ]  Yes [ ]  No **If yes, please complete the Liquor Liability Supplemental Questionnaire.**  |

**Please provide the following with this QUESTIONNAIRE:**

* Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
* Copy of current audited financials
* Copy of all expiring policies or specific manuscript endorsements that the insured would like to submit for consideration.
* List of all special events scheduled during the policy period (please notify us of any changes to this schedule as they occur)
* Diagram of facility. Please label all buildings and all attractions/rides.
* Copy of lease agreement if Insured does not own facility
* Copy of facility rental agreement for special events (birthday parties and similar events)
* Provide details of other contractual agreements (contractor and sub-contractors (e.g., concessionaires, liquor, security, maintenance, exhibits on loan or loaned to others)
* Provide copies of certificates of insurance from all contractors and sub-contractors naming the insured as additional insured
* Provide a written set of procedures for screening employees and volunteers
* Copy of the employee training manual/materials.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form along with referenced ACORD application(s) to:

 **American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

# E-mail: apply@americanspecialty.com