

**CONVENTION AND CIVIC CENTERS INSURANCE QUESTIONNAIRE**

**SUBMISSION REQUIREMENTS**

* Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Auto, Crime, Excess Liability, Inland Marine, Property)
* Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $25,000
* Standard template contract with sub-contractors/independent contractors (if insured utilizes a standard template)
* Sub-contractor/independent contractor agreements and/or agreements between the insured and any additional insured.
* Lease agreement with building or premises owner
* Facility agreement (e.g., required of third parties renting your facility)
* Waiver and release of liability form
* Sexual Abuse/Molestation Policy, including written procedures for dealing with allegations of sexual abuse.
* Daily inspection log

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| **GENERAL INFORMATION** |
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| 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:       |
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| **UNDERWRITING INFORMATION** |
|  |
| 1. | Est. AnnualSales Receipt | Est. Annual Admissions | Annual Payroll | No. of Employees | No. of Years In Business |
| Domestic: |       |       |       |       |       |
| Foreign: |       |       |       |       |       |
| Provide information regarding ownership of the facility:  |       |
| 2. Is named insured involved in the sale or distribution of any products? [ ]  Yes [ ]  No If yes, please explain:       |
| 3. List all Additional Insureds including complete address and an explanation of the relationship to the Named Insured that requires the additional insured status. Complete information on attachment. |
| 4. Date venue was constructed: |       | Date of any major reconstruction:  |       |
|  Primary construction material(s):  |       | Venue capacity:  |       |
|  Permanent seating capacity: |       | Total Capacity: |       |
|  Percent of facility that is sprinklered: |       | Type of siren/smoke alarms: |       |
| 5. Please specify who has responsibility for the following event day operations: |
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| --- | --- | --- | --- |
|  | Facility Maintenance | Facility | Subcontractor |
|  | Installation and Maintenance | [ ]  | [ ]  |
|  |  Concessions – Non-Alcoholic | [ ]  | [ ]  |
|  | Concessions - Alcohol | [ ]  | [ ]  |
|  | First Aid | [ ]  | [ ]  |
|  | Parking | [ ]  | [ ]  |
|  | Security\*\* | [ ]  | [ ]  |
|  | Premises Defects | [ ]  | [ ]  |
|  | \* Please provide all copies of subcontractor agreements. |

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| 6. Person responsible for general operation of facility activities:       Number of years current management has operated this facility:       |
| 7. Any self-promoted events?  [ ] Yes [ ] No |
| 8. Types of Events (show % of annual receipts by type of event):  |
| **EVENT** | **PERCENT** | **EVENT** | **PERCENT** |
| After Show Parties |       | Gun Shows |       |
| Auto and RV Shows/Events |       [ ]  Static [ ]  Non-Static | Meetings/Seminars |       |
| Animal Shows |       | Motorsports Events |       |
| Athletic Events/Contests \* |       | Open Houses |       |
| Baby or Wedding Showers |       | Parades |       |
| Bar/Bat Mitzvahs,Baptisms, Quinceañera |       | Parties – Type: Anniversary Birthday Dinner Holiday New Year Office Sporting Event Themed VIPOther:       |                                                    |
| Boat Shows |       | Political Gatherings, Events or Marches \* |       |
| Cannabis Related Events |       | Product Promotion and Demos |       |
| Charity Dinners/Events |       | Recitals |       |
| Cocktail Receptions |       | Religious Events |       |
| Concerts |       | Speaking Engagements |       |
| Conventions/Trade Shows \* |       | Theatre or Movie Showing/Premier Event |       |
| Corporate Parties |       | Touring Events |       |
| Fashion Shows |       | Travel/Reward Trips |       |
| Festivals \* |      [ ]  Art, Community & Cultural[ ]  Food, Wine, Beer & Spirits | Weddings and Wedding Receptions |       |
| **MUSICAL EVENTS** |
| **Event Music Type \***  | **Percentage** | **Event Music Type \***  | **Percentage** |
| Alternative |       | Gothic |       |
| Bluegrass |       | Hard Rock |       |
| Classical or Chamber |       | Heavy Metal |       |
| Country Western |       | Hip Hop |       |
| EDM |       | Jazz |       |
| Electronica |       | Rap |       |
| Gospel |       | R&B |       |
| 9. Number of event dates planned for current year:       Number of event dates held last year:       Average attendance per event:       Maximum daily attendance per event:       Average length of event (# of days):       |
| 10. Total annual receipts/sales:       Total annual cost of subcontractors:       Total annual payroll:       Total number of employees:       |
| 11. Is applicant involved in other operations or businesses? [ ]  Yes [ ]  No If yes, describe:       |
| 12. Services Provided (Indicate Yes, No or N/A) |
| **Additional Services** | **Performed by Applicant & Employees** | **Provided by Subcontractors who are hired by applicant** | **This service is not provided** |
| Amusement Ride/Attraction |       |       |       |
| Bleachers |       |       |       |
| Booking Agent |       |       |       |
| Catering – Food |       |       |       |
| Catering – Liquor Only –Bartender Service |       |       |       |
| Consulting Only – No otherservices provided |       |       |       |
| Exhibit/Stage Construction |       |       |       |
| Exhibit/Stage Design |       |       |       |
| Shuttles |       |       |       |
| Stage Lighting & Audio |       |       |       |
| 13. **If work is subcontracted:** Are certificates of insurance required from all subcontractors/vendors? [ ]  Yes [ ]  No Is applicant added as additional insured on subcontractor’s policy? [ ]  Yes [ ]  No Are limits of liability on subcontractor’s policy $1,000,000 per occurrence or more? [ ]  Yes [ ]  No Will applicant ever use UN-insured subcontractors to provide products or services for this event? [ ]  Yes [ ]  No |
| 14. **Hold Harmless Agreements:**Do you (the Applicant) use a standard client contract which outlines the specific responsibilities of the Applicant? [ ]  Yes [ ]  No Do others hold Applicant harmless? [ ]  Yes [ ]  No Does Applicant agree to hold third parties harmless? [ ]  Yes [ ]  No Does Applicant assume, by contract or verbally, responsibility for any injury or damage that may occur during an event? [ ]  Yes [ ]  No |
| 15. Does Applicant have Worker’s Compensation coverage in force? [ ]  Yes [ ]  No Does Applicant lease employees? [ ]  Yes [ ]  No  |
| 16. Does Applicant have Professional Liability in force? [ ]  Yes [ ]  No |
| 17. Are you responsible for security at the events? [ ]  Yes [ ]  No If yes, please complete the Security Section of this questionnaire. |
| 18. Are medical facilities/ambulances ever provided at event(s)? |       |
| 19. Do you ever have remote parking? [ ]  Yes [ ]  No |
| **CONTRACTUAL INFORMATION** |
| 20. Who has authority to sign contracts on behalf of the proposed named insured and what is the review process?       |
| 21. Is there a system in place for obtaining certificates of insurance where applicable? [ ]  Yes [ ]  No If yes, who reviews certificates on behalf of named insured?       What is the minimum limit of general liability coverage requested from each subcontractor?       |
| 22. Provide copies of standard lease agreements and actual leases of multi-event tenants. Also provide details of other contractual agreements. |
| 23. Do entities using the facility list the proposed named insured as an additional insured?  [ ]  Yes [ ]  No If yes, what limit is required?       |
| 24. For instances where subcontractors are utilized, is the proposed named insured listed as an  additional insured under the subcontractor’s policy?  [ ]  Yes [ ]  No |
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| **ABUSE AND MOLESTATION*****(Please complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote for Abuse and Molestation Coverage please skip this section and continue to the next section.)***  |
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| 1. Does the insured have custodial responsibility for minors?  [ ]  Yes [ ]  No If yes, is abuse coverage desired? [ ]  Yes [ ]  No |
| 2. 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?       |
| 3. (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 |
| 4. (a) Do you verify employment-related references for employees? [ ]  Yes [ ]  No (b) Do you verify employment-related references for volunteers? [ ]  Yes [ ]  No |
| 5. (a) Do you conduct a personal interview for employees? [ ]  Yes [ ]  No (b) Do you conduct a personal interview for volunteers? [ ]  Yes [ ]  No |
| 6. 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.       |
| 7. Do you have an Abuse / Molestation Policy with regard to sexual abuse? [ ]  Yes [ ]  No If yes, please indicate how it is provided to your employees/volunteers.       |
| 8. 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.       |
| 9. Describe how your organization supervises employees and volunteers having custody of children.       |
| 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 nor 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.       |
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| **CONSTRUCTION/RENOVATION** |
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| 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:        |
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| **EMERGENCY RESPONSE PLAN** |
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| 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 |
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| **EMPLOYEE BENEFITS LIABILITY** Is Employee Benefits Liability coverage desired? [ ]  Yes [ ]  No ***If yes, please complete the following section.***  |
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| 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**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 following section.*** |
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| ***(For the purpose of this questionnaire, the term “pyrotechnics” shall be considered interchangeable with the term “fireworks”.)*** |
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| 1. Location of the event(s) where pyrotechnics will be displayed:       |
| 2. Estimated times a year pyrotechnics are displayed:       |
| 3. Are pyrotechnics conducted by a licensed and insured subcontractor? [ ]  Yes [ ]  No If no, please explain who conducts pyrotechnics:       If yes, do you receive an additional insured certificate of insurance with limits of at least $1M?  [ ]  Yes [ ]  No Provide name of subcontractor:       |
| 4. For every event where pyrotechnics are used at the venue, does the authority having  jurisdiction approve all written plans and issue a permit?   [ ]  Yes [ ]  No |
| 5. Will there be a fire department on-site during the display? [ ]  Yes [ ]  No  If no, what is the distance to the nearest fire station?       |
| 6. Do you store pyrotechnics on-site? [ ]  Yes [ ]  No  If yes, does the storage facility meet the appropriate NFPA Standards and has been approved  by the authority having jurisdiction? [ ]  Yes [ ]  No If no, please describe your storage system:       |
| 7. Answer these questions if pyrotechnics will be displayed outdoors [ ]  N/A Are spectators, unauthorized vehicles, and readily combustible materials located within the  designated and approved fallout area during pyrotechnic displays? [ ]  Yes [ ]  No Is the site checked for debris, including duds, immediately after and the morning following  the event? [ ]  Yes [ ]  No Do you have a plan to determine if weather conditions are suitable for the event  (wind, drought, etc.)?      [ ]  Yes [ ]  No |
| 8. Answer these questions if pyrotechnics will be displayed indoors [ ]  N/A Does the facility have a sprinkler system? [ ]  Yes [ ]  No Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays  either themselves or through a contractor?     [ ]  Yes [ ]  No If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met and that insurance has been obtained from either the tenant or the tenant’s subcontractor who lists you as an additional insured?       |
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| **GENERAL EXPOSURE REVIEW** |
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| 1. Does the facility have a night watchman or other security arrangement for protecting the property  while the facility is closed? [ ]  Yes [ ]  No |
| 2. Does the facility have its own water supply? [ ]  Yes [ ]  No Fire equipment? [ ]  Yes [ ]  No |
| 3. Are any of the insured locations in a coastal hurricane area? [ ]  Yes [ ]  No  Distance to sea coast:       |
| 4. Do you have a written property maintenance plan? [ ]  Yes [ ]  No |
| 5. Does the facility store flammable materials or chemicals in locations other than insured buildings? If yes, please describe:       Are buildings sprinklered? [ ]  Yes [ ]  No Name and address of company contracted to perform sprinkler maintenance:       How often is system tested?       Are buildings equipped with alarms? [ ]  Heat [ ]  Smoke [ ]  Yes [ ]  No  If yes, are alarms tested annually? [ ]  Yes [ ]  No Are records of sprinkler system tests and alarm tests retained on site? [ ]  Yes [ ]  No  Name and address of company contracted to perform alarm maintenance:       |
| 6. Does the facility have any other hazardous material on site? [ ]  Yes [ ]  No |
| 7. Are these hazardous materials properly disposed by a subcontractor? [ ]  Yes [ ]  No If yes, do you obtain a certificate of insurance from the waste hauler? [ ]  Yes [ ]  No |
| 8. Do you have a procedure for hazardous material removal? [ ]  Yes [ ]  No |
| 9. Do you have a written access plan for Fire Department and Emergency Services during: Open Season? [ ]  Yes [ ]  No  Off Season? [ ]  Yes [ ]  No |
| 10. Do you conduct regular drills with the local police? [ ]  Yes [ ]  No  Other emergency personnel?  [ ]  Yes [ ]  No |
| 11. Date of last Fire Marshall inspection of your premises: |       |
| 12. Frequency of drills: |       |
| 13. Distance to nearest fire station: |       | [ ]  Paid [ ]  Volunteer |
| 14. National board protection class:  |       |
| 15. Is smoking allowed? [ ]  Yes [ ]  No |
|  |
| **LIQUOR LIABILITY** Do your operations include the sale or distribution of alcoholic beverages? [ ]  Yes [ ]  No **If yes, please complete the following section.** |
|  |
| 1. Location(s) where alcohol will be served:       Hours of Operation:       |
| 2. When is alcohol served? [ ]  Year-round [ ]  Event specific If event specific, is alcohol service stopped at least ½ hour prior to the end of the event? [ ]  Yes [ ]  No |
| 3. Type of Beverage sold: [ ]  Beer/Wine [ ]  Mixed Drinks [ ]  Hard Liquor |
| 4. Receipts (complete all that apply): Applicant’s gross sales from alcohol:       If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?       Value of compensated/free alcohol (including “free” beverage tickets):        |
| 5. Will alcohol be served: [ ]  Directly by the insured’s employees/volunteers?  [ ]  Through a concessionaire/subcontractor/vendor?  If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of insurance naming you as an additional insured including liquor liability? [ ]  Yes [ ]  No If alcohol is served directly by the insured’s employees/volunteers: Name on liquor license:       License #:       Class of License:       |
| 6. Do ALL servers receive alcohol awareness training? [ ]  Yes [ ]  No Please indicate which training program is utilized (SAFE, TIPS, etc.).       |
| 7. Management Practices: Do you have a system for monitoring compliance with alcohol serving practices for all  individuals who have responsibility for serving alcohol?  [ ]  Yes [ ]  No If yes, please describe the system.       Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol? [ ]  Yes [ ]  No Do you take disciplinary action up to and including termination for any individuals who  violate your alcohol serving policies? [ ]  Yes [ ]  No If yes, please describe.       |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.).       |
| 9. Has applicant’s liquor license ever been revoked or suspended? [ ]  Yes [ ]  No If yes, please explain:       |
| 10. Has the applicant incurred claims for liquor liability during the last five years? [ ]  Yes [ ]  No  If yes, please explain:       |
| 11. Has any insurer cancelled or non-renewed coverage during the last five years? [ ]  Yes [ ]  No If yes, please explain:       |
| 12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity? [ ]  Yes [ ]  No  If yes, please explain:       |
| 13. Is bring your own bottle (BYOB) allowed? [ ]  Yes [ ]  No |
| 14. Is the alcohol service: [ ]  Contained within one fixed site [ ]  Booths/stands throughout the event site |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? [ ]  Yes [ ]  No If yes, please describe:       |
| 16. Do you maintain security personnel at the site of alcohol service? [ ]  Yes [ ]  No |
| 17. Do you exercise the right of search and seizure? [ ]  Yes [ ]  No |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? [ ]  Yes [ ]  No  |
| 19. Is there any type of designated driver program in place? [ ]  Yes [ ]  No |
| 20. Are rules/regulations clearly displayed? [ ]  Yes [ ]  No |
| 21. Is food service available to patrons consuming alcohol? [ ]  Yes [ ]  No |
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| **RESTAURANT/SNACK OR JUICE BAR/VENDING** Do you provide food services? [ ]  Yes [ ]  No I***f yes, please complete the following section.***  |
|  |
| 1. Indicate exposure: [ ]  Restaurant [ ]  Snack/Juice Bar (no cooking surfaces or fryers) [ ]  Vending If restaurant, answer the following questions: |
| 2. Are all cooking surfaces properly fire protected? [ ]  Yes [ ]  No  What type of Automatic Extinguishing System (AES) is in place?       Do you have a contract for servicing and maintaining the Automatic Extinguishing System? [ ]  Yes [ ]  No  How often is this system serviced and maintained? [ ]  Monthly [ ]  Quarterly [ ]  Semi-Annually [ ]  Annually How often are filters cleaned?       By whom?       How often are hoods/ducts cleaned?       By whom?       |
|  |
| **SECURITY** Are you responsible for security operations? [ ]  Yes [ ]  No If yes, how are the security operations managed?  [ ]  We manage them ourselves. \* [ ]  We subcontract the operations to a separate company. \*\*  If no, describe who is responsible for security:       \* If you manage security operations, complete this section in full. \*\* If you subcontract the operations to a separate company, provide the contract and certificate naming you as Additional Insured. You do not need to complete the remainder of the section if you are not responsible for security operations or if you subcontract security operations to another company. |
|  |
| ***SECURITY OPERATIONS*** |
| 1. Is the venue monitored by security on a 24-hour basis? [ ]  Yes [ ]  No  If no, please explain:       |
| 2. Please describe security presence at the entrance and egress of the venue:       |
| 3. Are patrons screened at venue entry? [ ]  Yes [ ]  No If yes, how? [ ]  Bag Checks [ ]  Wanding [ ]  Metal Detector [ ]  ID’s [ ]  Other:       Is patron screening done for all events? [ ]  Yes [ ]  No If no, please explain:       |
| 4. What are the staffing guidelines per number of patrons?       |
| 5. Are the staffing guidelines determined by: [ ]  Ordinance/Statute [ ]  Industry Standard |
| 6. Are security cameras on site? [ ]  Yes [ ]  No If yes, what areas are covered (outer perimeter, concourse, field of play, back stretch, interior,  parking, etc.)?       If yes, what is the data retention time period?       |
| 7. Are dogs used in your security operation? [ ]  Yes [ ]  No If yes, are the dogs and handlers certified? [ ]  Yes [ ]  No If no, please explain:       |
| 8. Do you work with local law enforcement regarding security operations? [ ]  Yes [ ]  No If yes, to what extent?[ ]  Tour Training [ ]  Table Top Training [ ]  Full Scale Training [ ]  None of these:       How often? [ ]  Monthly [ ]  Quarterly [ ]  Bi-annually [ ]  Annually [ ]  Other:       |
| 9. Are vendors screened before loading or unloading into the building? [ ]  Yes [ ]  No |
|  |
| ***SECURITY PERSONNEL*** |
| 1. Are security personnel employees of your company? [ ]  Yes [ ]  No If no, what is the relationship? [ ]  Independent Contractors [ ]  Off-duty police officers [ ]  Other, describe:       |
| 2. Answer the following for all people who will provide security services: How do you screen candidates (check all that apply)? [ ]  Criminal Background Check [ ]  Reference Check [ ]  Interview [ ]  Other:       Do you require initial training be completed prior to employment? [ ]  Yes [ ]  No Do you provide a personal copy of your training/safety manual? [ ]  Yes [ ]  No Do you require an annual refresher or continuing education training? [ ]  Yes [ ]  No |
| 3. Do any security guards/officers carry firearms as part of their equipment while on duty? [ ]  Yes [ ]  No If yes, answer the following: Do you issue the firearms or allow people to use their own (check all that apply)? [ ]  We issue them. [ ]  People can use their own. If people can use their own, do you inspect/approve the firearm? [ ]  N/A [ ]  Yes [ ]  No  Do you verify the appropriate firearms licenses are maintained by the individual? [ ]  Yes [ ]  No |

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