

**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** | | | | | | | | | | | | | | | | | | | |
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| 1. | Est. Annual  Sales 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: | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | 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. | | | | | | | | | | | | | | | | | | | | | | |
| 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  VIP  Other: | | | | |  | | | | | |
| 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 other  services 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 | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | |
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| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the following section.** | | | | | | | | | | | | | | | | | | |
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| 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](mailto:apply@americanspecialty.com)