

**PERFORMING ARTS 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 $10,000
* Employee training manual and/or handbook
* List of all named insureds (including description)
* List of additional insureds (including address and relationship to the insured)
* Sub-contractor/independent contractor agreements and/or agreements between the insured and any additional insured.
* Certificates of insurance from sub-contractors/independent contractors, if any
* Lease agreement with building or premises owner
* List any additional premises leased, rented, or occupied by applicant and provide contract for each
* Facility rental agreement (e.g., required of third parties renting your facility)

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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. Please describe the scope of operation and types of productions: |
| 2. Estimated annual admissions: |
| 3. Estimated Annual Receipts:  Admissions: Total Admissions (both paid and comp):  Alcoholic Beverages (both paid and comp):  Food:  Non-Alcoholic Beverages:  Other: |
| 4. Do you hire outside promoters?  Yes  No  Do you hire subcontractors for stage or lighting setup?  Yes  No |
| 5. Do you have Live Music Concerts on your schedule of events?  Yes  No |
| 6. Do you offer summer camps/after school programs?  Yes  No  Number of annual campers: |
| 7. Do you participate in any community outreach programs?  Yes  No  If yes, describe: |
| 8. Building Information:  Do you own or lease your facility?  Own  Lease |
| 9. Does the applicant have a parking lot?  Yes  No  If yes, what is the approximate square footage? |
| 10. Does the applicant engage in facility or room rental for private events?  Yes  No  Are any events held outdoors?  Yes  No  If yes, do you have a weather cancellation in place?  Yes  No  Are temporary stages used?  Yes  No  Who is responsible for constructing the stage?  If subcontracted, please provide a copy of the contract. |
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| **ABUSE AND MOLESTATION**  Is Abuse and Molestation coverage desired?  **Yes  No**  ***If yes,* *please complete the following section.*** |
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| 1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses?  Yes  No |
| 2. Does your state permit you to do criminal background investigations?  Yes  No  If yes, do you routinely request and receive such background investigations?  Yes  No |
| 3. Do you verify employment related references?  Yes  No |
| 4. Do you conduct a personal interview?  Yes  No |
| 5. Do you have written procedures for dealing with sexual abuse?  Yes  No  If yes, please attach a copy. |
| 6. Do you have a plan of supervision that monitors staff in day-to-day relationships with  students, both on and off premises?  Yes  No |
| 7. Has your organization ever had an incident which resulted in an allegation of sexual abuse  Yes  No  If yes, please describe:  Was a claim made against the organization?  Yes  No  Was the case settled?  Yes  No  Was the case taken to trial?  Yes  No  How much money was paid as damages to the victim? |
| 8. Does the insured have custodial responsibility for minors?  Yes  No  If yes, is abuse coverage desired?  Yes  No  If yes, please complete the American Specialty Abuse or Molestation Supplemental Application. |
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| **AUTO EXPOSURE** | | | |
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| 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. |  |  |  |
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| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. | | | |

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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** |
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| 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.** |
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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.*** |
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| 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? |
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| **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. |
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| ***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 |
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| ***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**

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