

**ZOO AND AQUARIUM 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**

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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:       |
|  |
| **UNDERWRITING INFORMATION**  |
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| 1. Type of Institution: [ ]  Zoological Park [ ]  Aquarium [ ]  Wildlife Park [ ]  Combination |
| 2. Attendance: |
|  Estimated Annual Attendance: |       | Estimated Daily Attendance: |       |
|  Total Attendance last year: |       |
| 3. Admissions:  |
|  Adult Admission Charge: |       | Minor Admission Charge: |       |
|  Total Annual Admissions Receipts: |       |
| 4. Concession Receipts:  |
|  Food/Beverage:  |       |
|  Alcoholic Beverage:  |       |
|  Total Concessions Receipts: |       |
|  Are concessions contracted to others? [ ]  Yes [ ]  No  |
| 5. Revenue from Endowments / Grants: |
|  Contributions: |       |
|  Memberships: |       |
|  Other:       |       |
| 6. Total Annual Revenue: |       |
| 7. Description of Operations: |       |
| 8. Institution Opening Date: |       | Closing Date: |       |
| 9. Hours of Operation: |
|  In Season: |       | to |       |
|  Off Season: |       | to |       |
| 10. Describe off -season activities or promotions: |       |
| 11. Total Acres (off main zoo premises): |       |
| 12. Describe parking:  |  # Acres |  # Acres - paved |  # Acres - grass |
|        |       |       |       |
| 13. Will you have remote parking? [ ]  Yes [ ]  No |
| 14. What arrangements have been made for shuttle service? |       |
| 15. Professional Affiliations: Is the Institution a member of the Association of Zoos and Aquariums? [ ]  Yes [ ]  No Is the Institution accredited by the AZA? [ ]  Yes [ ]  No |
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| **CHECK ALL THAT APPLY** |
|  |
| [ ]  Museum | [ ]  Watercraft | [ ]  Novelty/Gift Shop |
| [ ]  Tram/Monorail/Train(s) | [ ]  Lake(s)/Pond(s)/Stream(s) | [ ]  Concessions |
| [ ]  Breeding Facility | [ ]  Breeding Loan Activities | [ ]  Other Loan Activities |
| [ ]  Carts, Vans, Buses, Motorcycles or ATV’s |
|  [ ]  On Premises | [ ]  Off Premises |
| [ ]  Veterinary Services |
|  [ ]  Veterinarian is employed by the zoo | [ ]  Veterinarian is contracted |
| [ ]  Off Premises |
|  [ ]  Institution | Describe: |       |
|  [ ]  Captive Facility | Describe: |       |
|  [ ]  Breeding Facility | Describe: |       |
|  [ ]  Wildlife Exhibitions |  List wildlife exhibited: |       |
|  |       |
|  |       |
| [ ]  On Premises |
|  [ ]  Institution | Describe: |       |
|  [ ]  Captive Facility | Describe: |       |
|  [ ]  Breeding Facility | Describe: |       |
|  [ ]  Wildlife Exhibitions | List wildlife exhibited: |       |
|  |       |
|  |       |
| **EDUCATIONAL** - Check all that apply: | On Premises | Off Premises \* |
| [ ]  Lectures | [ ]  | [ ]  |
| [ ]  Demonstrations | [ ]  | [ ]  |
| [ ]  Tours | [ ]  | [ ]  |
| [ ]  Children’s Day or Overnight Camps | [ ]  | [ ]  |
| [ ]  School Presentations | [ ]  | [ ]  |
| [ ]  College Work/Class Research Program | [ ]  | [ ]  |
| [ ]  Docent Program | [ ]  | [ ]  |
|  \* Describe any off-premises activities including live wildlife exhibitions. |       |
| **RESEARCH** – Check all that apply: | [ ]  Separate Research Library | [ ]  Formal Research Project(s) |
|  Describe: |       |
| **SPECIAL EVENTS / ACTIVITIES / ATTRACTIONS** - Check all that apply: |
| [ ]  Concerts | [ ]  Other Performances |  |
|  Describe: |       |
| [ ]  Parking Lot Events |
|  Describe: |       |
| [ ]  Special Functions: (*social, political events, etc. – attach schedule)* |
|  Describe: |       |
| [ ]  Holiday or Other Seasonal Promotions |
|  Describe: |       |
| [ ]  Publications |
|  Describe: |       |
| [ ]  Fund Raisers |
|  Describe: |       |
| [ ]  Mechanical Rides: (*carnival / amusement)* |
|  Describe: |       |
| [ ]  Animal Rides |
|  Describe: |       |
| [ ]  Water Rides |
|  Describe: |       |
| [ ]  Habitat Rides |
|  Describe: |       |
| [ ]  Animal Mascot Loans |
|  Describe: |       |
| [ ]  Petting Zoo |  Feeding Permitted? [ ]  Yes [ ]  No |
|  Describe: |       |
| [ ]  Playground |
|  Describe: |       |
| [ ]  Other |
|  Describe: |       |
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| **INSURANCE INFORMATION** |
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| 1. Enclosure System: |
|  Describe the primary enclosure system for all habitats including patron separation distance/height: |
|  |        |
|  Describe the general minimum specifications for all other primary enclosures: |
|  |        |
|  Describe the secondary enclosure system (premises perimeter fencing, etc.): |
|  |        |
|  Is there a separate performance area for animal acts? [ ]  Yes [ ]  No |
|  If yes, describe the type of animals involved and how they are transferred to and from performance areas: |
|  |        |
|  Detail any breaches of any enclosure systems within the past five years: |
|  |        |
| 2. Security: |
|  Describe security protection:  |
|  |        |
|  Are tranquillizer guns or dart guns loaned or taken off premises at any time? [ ]  Yes [ ]  No  |
|  |  If yes, describe: |       |
| 3. Animal Waste Treatment / Disposal: |
|  Explain the procedures for waste removal, treatment and / or disposal: |
|  |        |
|  Are all waste treatment / disposal permits obtained and ordinances complied with? [ ]  Yes [ ]  No |
| 4. Do you have any employees who study / work abroad? [ ]  Yes [ ]  No If so, please explain:       |
| 5. Do you have Volunteers? [ ]  Yes [ ]  No If you answered yes above, please advise number of volunteers.       |
| 6. Do volunteers have any interaction with the animals? [ ]  Yes [ ]  No If so, please explain:       |
| 7. Is “Hands On” activity for any of the following permitted? Poisonous snakes (except employee handlers) [ ]  Yes [ ]  No Adult male elephants (over the age of 10) [ ]  Yes [ ]  No Horned Animals [ ]  Yes [ ]  No Primates [ ]  Yes [ ]  No Off premises exhibitions [ ]  Yes [ ]  No Explain any “Yes” answers in detail:       |
|  |
| **ABUSE AND MOLESTATION**  |
|  |
| 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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| **AUTO EXPOSURE** |
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| 1. Complete the following chart: Seeking Quote Insured Elsewhere No Exposure A. Owned or Long-Term Leased Vehicles [ ]  [ ]  [ ]   B. Hired and/or Non-owned Vehicles [ ]  [ ]  [ ]  C. Garagekeepers Liability (e.g. Valet Parking) [ ]  [ ]  [ ]   Note: * If seeking coverage for A. or C., provide the completed and signed ACORD Auto (including Auto Schedule) and/or Garagekeepers applications.
* If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy.
 |
| 2. Do you use hired, borrowed, or short-term leased vehicles for business and are seeking  a quote? [ ]  Yes [ ]  No If yes, answer the following: Provide the approximate cost of hire for all hired/leased (short-term) vehicles during the policy period: $      Do you purchase coverage through the rental agency when you rent vehicles? [ ]  Yes [ ]  No Is hired auto physical damage to be covered? [ ]  Yes [ ]  No |
| 3. Do employees or volunteers use personal vehicles for company business? [ ]  Yes [ ]  No If yes, answer the following: How many employees/volunteers use their personal vehicles for company business?       How often: [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Other:       Describe the activities for which an employee/volunteer would use a personal vehicle for company business.       Do you verify that personal auto insurance is in place before employees can use their autos  for company business? [ ]  Yes [ ]  No |
| 4. Driver Screening and Training Do you have a driver safety/training program? [ ]  Yes [ ]  No Do you require proof of valid drivers’ license for anyone who drives on company business? [ ]  Yes [ ]  No What is the minimum age for driving on company business?       years Do you review Motor Vehicle Reports for those who drive on company business? [ ]  Yes [ ]  No If yes, how often? [ ]  Annually [ ]  Every Other Year [ ]  Other:       If yes, what criteria renders an individual ineligible to drive on company business?       |
| 5. Do you provide the following services?  [ ]  Valet Service [ ]  VIP parking/storage [ ]  Neither If you provide either or both services, answer the following: Are the vehicles driven onto public roads or do they remain on premises only? [ ]  On premises only [ ]  Driven on public roads Do you have a key control system? [ ]  Yes [ ]  No Does security monitor the areas where vehicles are parked? [ ]  Yes [ ]  No |
| 6. Do you provide shuttle services for patrons? [ ]  Yes [ ]  No If yes, answer the following: Are shuttle drivers required to carry a CDL? [ ]  Yes [ ]  No If off-premises, distance traveled:       |
| 7. Do you utilize courtesy vehicles? [ ]  Yes [ ]  No If yes, provide a copy of the contract with the vehicle owner(s). |
| 8. Do you hire bus transportation? [ ]  Yes [ ]  No If yes, answer the following: Do you obtain additional insured status from the bus company? [ ]  Yes [ ]  No If yes, what limit of insurance do you require? $      Provide a copy of the contract with the bus company. |
| 9. Do you provide transportation to players/athletes/members? [ ]  N/A [ ]  Yes [ ]  No  If yes, do you use a hired transportation company that supplies the driver? [ ]  Yes [ ]  No  If no, how do you provide transportation?       |
| 10. Answer the following only if seeking a quote for owned or long-term leased vehicles: Are there protections in place at the area where the vehicles are stored? [ ]  Yes [ ]  No If yes, describe:       Is there a concentration of values exposed to a common loss at any time? [ ]  Yes [ ]  No If yes, describe:       |
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| **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**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”.)*** |
|  |
| 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 |
| 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?       |
|  |
| **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 |
|  |

**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
* Most current audited financials.
* Copy of expiring policy or specific manuscript endorsements that the insured would like to submit for consideration.
* A list of all locations to be insured, including addresses and descriptions of each.
* A list of all insureds to be included along with a description of each.
* A list and description of any ancillary activities to be covered.
* Copies of subcontractor agreements or agreements between the insured and any additional insured.
* A schedule of events/activities or a brochure for the zoo.
* Copy of the Emergency Response Plan
* Diagram and photos of zoo layout.
* Please submit a copy of rules and regulations regarding camping conduct (if applicable).

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**