

**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: | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | |  | | | |
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| On Premises | | | | | | | | | | | | | | | | | | | | | |
| Institution | | | | | | | | Describe: | | | | |  | | | | | | | | |
| Captive Facility | | | | | | | | Describe: | | | | |  | | | | | | | | |
| Breeding Facility | | | | | | | | Describe: | | | | |  | | | | | | | | |
| Wildlife Exhibitions | | | | | | | | List wildlife exhibited: | | | | | | | | | |  | | | |
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| **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: | | | | | | | | | | | | | | | | | | | | | |
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| Describe the general minimum specifications for all other primary enclosures: | | | | | | | | | | | | | | | | | | | | | |
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| Describe the secondary enclosure system (premises perimeter fencing, etc.): | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | | | |
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| Detail any breaches of any enclosure systems within the past five years: | | | | | | | | | | | | | | | | | | | | | |
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| 2. Security: | | | | | | | | | | | | | | | | | | | | | |
| Describe security protection: | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | | | |
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| **ABUSE AND MOLESTATION** | | | | | | | | | | | | | | | | | | | | | |
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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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| **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** | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | |
| 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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| **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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**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**](mailto:apply@americanspecialty.com)