

Animal Service Organizations Questionnaire

Name of organization _____

Website address _____

If you do not have a website, attach brochure and detailed description of daily activities of your organization.

FEIN _____	Is insured a non-profit	Yes ☐	No ☐
Years in business _____	Years under current management _____		
Completed by _____	Title _____		
Signature _____	Date Completed _____		
Email address _____			

A. General Operations and Facilities

	Yes	No
1. Provide all applicable information:		
Who is your previous insurance carrier? _____		
Has there been a lapse in coverage?	☐	☐
2. Do you have all volunteers sign a Hold Harmless Waiver?	☐	☐
Do you allow volunteers under the age of 18?	☐	☐
If yes,		
Do you require a Parent or Guardian to sign the hold harmless waiver for volunteers under the age of 18?	☐	☐
Do you require a Parent or Guardian to be present with underage volunteer during volunteer duties?	☐	☐
3. Does your organization provide accident insurance for volunteers?	☐	☐
If yes, a. Insurance company name _____		
Policy number _____		
b. Policy period _____ Limits _____		
c. Accident insurance ☐ applies to all members or clients ☐ is optional, at member or clients' expense		
4. List all accreditations _____		
5. Is your organization or any location operated by you licensed by any regulatory authority?	☐	☐
If yes, attach copies of all licenses and most recent inspection reports.		
6. Indicate all employee (and/or volunteer) screening controls utilized by your organization		
	EMPLOYEES	VOLUNTEERS
	☐ No Employees	☐ No Volunteers
	Yes No	Yes No
a. Signed application and Photo Identification required	☐ ☐	☐ ☐
b. Personal interviews conducted and References verified	☐ ☐	☐ ☐
c. Minimum 5 years of employment history verified	☐ ☐	☐ ☐
d. Drug testing	☐ ☐	☐ ☐
e. Professional licensing/certification verification	☐ ☐	☐ ☐

A. General Operations and Facilities Continued**EMPLOYEES****VOLUNTEERS**

Indicate all employee (and/or volunteer) background checks utilized by your organization	Yes	No	Yes	No
a. Name check – state level	☐	☐	☐	☐
b. Name check – national level (e.g. using online vendor services)	☐	☐	☐	☐
c. State level 10-digit fingerprint check	☐	☐	☐	☐
d. FBI fingerprint check regardless of time person has resided in the state	☐	☐	☐	☐
e. FBI fingerprint check if person has resided in the state less than 5 consecutive years	☐	☐	☐	☐
7. Do applications contain a notice that a criminal background check may be run on all candidates?			☐	☐
If yes , does application advise applicant that they may be rejected or terminated based on an unacceptable background check?			☐	☐
8. Are all screening controls and background clearance controls completed prior to:				
a. Hiring employee or accepting volunteer?			☐	☐
b. Employee or volunteer contact with client?			☐	☐
Explain any NO responses:				
9. How frequently does your organization re-run background checks? ☐ Once (Prior to hire) ☐ Annually ☐ Biannually ☐ Other _____				
10. How long are employee and volunteer records, including record of background checks, retained? ☐ Number of years _____ ☐ Permanently				
11. Do you have a risk manager on staff?			☐	☐
12. How long do you retain incident reports for injuries and documentation of actions taken? ☐ Number of years _____ ☐ Permanently				
13. Please indicate if your organization provides programs or services pertaining to any of the following: ☐ Alternative sentencing or detention programs ☐ Sponsoring rallies, civil demonstrations, or protests ☐ Other _____				
14. Does the facility have aluminum or knob and tube wiring?			☐	☐
15. Does your organization have any outdoor paved surfaces (patios, courts, etc.), running fields, or other types of outdoor property or equipment (gates, fences, enclosures, etc.)?			☐	☐
If yes , would you like property coverage for any paved surfaces, outdoor property or equipment?			☐	☐
If yes , describe type of property or equipment, the location and the value below.				
16. Do you have any solar panels?			☐	☐
If yes , please advise kilowatt (kW) _____ Number of panels _____ Age of panels _____				
17. Are portable heaters used in any buildings?			☐	☐
18. Indicate all protective systems:				
☐ Sprinklers: If not 100%, indicate areas that are equipped with functioning sprinklers _____				
Are all sprinkler heads either recessed or protected by sprinkler head guards?			☐	☐

A. General Operations and Facilities Continued**Yes No**
☐ **Smoke detectors:**
☐ Battery operated
☐ Hard wired
☐ Hard wired with battery back-up

☐ **Carbon monoxide detectors:**
☐ Battery operated
☐ Hard wired
☐ Hard wired with battery back-up

19. Are firearms or any other weapons permitted on premises (by employees, volunteers, customers, etc.)? ☐ ☐
If no, are signs posted at entrances to inform visitors of the no firearms allowed policy? ☐ ☐

Provide copy of policy/procedures.

20. Is the property located in an area prone to brush or wildfires? ☐ ☐
If yes, what controls/risk management are in place to reduce brush, control burn exposure?

21. Do you have any plans for renovations or new construction during the next 2 years? ☐ ☐
If yes, describe.

22. What percentage of your building(s) is vacant or unoccupied, or for sale? _____

B. Organizations in Business Less than 3 Years☐ **Not Applicable**
Complete this section if your organization has not been in business at least 3 years.

Please provide current budget including sources & amount of funding or revenue and total projected expenses for the current fiscal year:

Attach copies of business plan and executive staff résumés.

C. Animal Services☐ **Not Applicable**

1. Number of Employees _____ Volunteers _____

Number of Veterinarians and Vet Techs: Employed _____ Contracted or Volunteer _____

Veterinarian Payroll \$ _____

Number of animals on site _____ Number of foster homes _____

Average number of adoptions annually _____ Average number of animals in foster annually _____

2. Indicate additional operations or services you provide:

☐ Off-site adoption events – annual # _____ ☐ Boarding – annual # _____

☐ Pet Obedience Training – gross sales \$ _____ ☐ Gift Shop – gross sales \$ _____

☐ Pet Grooming – gross sales \$ _____ ☐ Crematorium – gross sales \$ _____

☐ Therapy or Service Animal Training or Adoption – gross sales \$ _____

☐ Trap, Neuter/Spay, Release Number of annual procedures _____

☐ Veterinarian Services or Hospital – gross sales \$ _____

If any,
☐ Research or experimentation with animals ☐ In-home services (e.g. pet therapy, pet services, etc.)

☐ Facility rental or lease to third parties ☐ Animal Training **Yes No**

3. Is your organization compliant with all applicable state and federal regulations & protocols? ☐ ☐

4. Does your organization provide services for any dog breeds? ☐ ☐

C. Animal Services Continued

	Yes	No
5. Does your organization provide services for large, wild, or exotic animals?	☐	☐
If yes, describe animal types _____		
6. Does your organization require animals to be leashed or within carrier/kennel at all times?	☐	☐
7. Do you store vaccinations or prescription medication on site?	☐	☐
If yes, are drugs inventoried and stored securely?	☐	☐
8. Does your organization serve animals that exhibit aggressive or fearful behavior?	☐	☐
If yes, provide risk management details:		
9. Do you euthanize animals?	☐	☐
If yes, number annually? _____		
What method(s) do you utilize? _____		
10. Does your organization provide regular training and updates for employees and volunteers at all locations?	☐	☐
11. Does your organization offer animal shelter services?	☐	☐
If yes,		
a. Do you evaluate the health and condition of animals upon arrival at your facility?	☐	☐
b. How long are animals required to be in quarantine/observation prior to adoption or foster placement? _____ weeks		
12. Does your organization provide adoption or foster services?	☐	☐
If yes,		
a. Are all animals vaccinated and held for observation prior to adoption or foster placement?	☐	☐
b. Does your organization test all animals for adoptability prior to placing animals in homes?	☐	☐
Types of aggression testing utilized: ☐ People ☐ Gender ☐ Animal ☐ Food ☐ Toy		
☐ Other (Describe) _____		
c. How long do you retain animal records (including medical records, testing, adoption, etc.)?		
☐ Number of years _____ ☐ Permanently		
d. Does your organization serve animals that exhibit aggressive or fearful behavior?	☐	☐
If yes, provide risk management details:		
e. What does your organization do with animals that are not suitable for adoption if euthanasia is not performed on-site?		
f. How does your organization screen foster or adoptive families?		
g. Does the organization require foster families to show proof of homeowner's insurance?	☐	☐
h. Do the adoption and foster application forms contain hold harmless wording in your favor?	☐	☐
Please provide a copy of application form(s)		

C. Animal Services Continued

	Yes	No
13. Does organization contract to perform services for the city/county/state?	☐	☐
If yes,		
a. Describe services provided:		
b. Does the contract require additional insured status for the city/county/state?	☐	☐
c. Contract premium \$ _____ Animal Officer annual payroll \$ _____		
d. Do you provide animal control services or humane law enforcement?		
e. Do your humane officers have arrest authority?	☐	☐
f. Do your humane officers carry weapons?	☐	☐
☐ Firearms/guns ☐ Tasers ☐ Tranquilizer guns ☐ None		
g. Is there separate liability insurance in place for animal control or humane officers?	☐	☐
14. Is Veterinarian or Other Professional Liability Coverage requested?	☐	☐
a. Do any employees, volunteers, or contractors carry their own professional liability insurance?	☐	☐
If yes, are procedures in place to verify current insurance is maintained at all times?	☐	☐
b. Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted Vet professionals who are required to be licensed and/or certified including euthanasia certification?	☐	☐
If yes, are procedures in place to verify current licenses and/or certifications are maintained?	☐	☐
15. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	☐	☐
a. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	☐	☐
b. Regarding professional liability coverage,		
c. Is your organization aware of any professional claims or suits made during the past five years against the organization or any individual?	☐	☐
d. Is your organization aware of any situations or circumstances that may result in a claim being made against your organization or any individual to be covered by this policy?	☐	☐

D. Special Events (including sponsored or co-sponsored events or fundraisers)☐ **Not Applicable**

Yes

No

1. Total number of events _____			
2. Do you work with local authorities for threat assessment prior to the event?	☐	☐	
3. Complete chart below for each event. If additional space is required, provide information on an attachment.			
Provide the following information:	EVENT 1	EVENT 2	EVENT 3
Name of event			
Date, time and location of event			
Total estimated attendance			
Gross sales from admissions	\$ _____	\$ _____	\$ _____
Gross sales from food or non-alcoholic beverage sales	\$ _____	\$ _____	\$ _____

D. Special Events Continued

	EVENT 1		EVENT 2		EVENT 3	
	Yes	No	Yes	No	Yes	No
Annual event?	☐	☐	☐	☐	☐	☐
Has any claim or incident ever arisen out of this event?	☐	☐	☐	☐	☐	☐
Emergency medical personnel present?	☐	☐	☐	☐	☐	☐
Security personnel present?	☐	☐	☐	☐	☐	☐
Activities at event (use all applicable activity codes from list below)						

Activity Codes (for use above)

- | | | |
|----------------|-------------------|----------------------------|
| A. Golf outing | B. Wine tasting | C. Dinner, gala or picnic |
| D. Auction | E. Bingo or Poker | F. Fireworks sales or show |
| G. Animals | H. Other | |

4. Describe all concerts (*music types*) and event venues: ☐ Not Applicable

5. Describe all amusement devices and controls in place: ☐ Not Applicable

6. Describe all motorized vehicles or motorized equipment: ☐ Not Applicable

7. Provide parade details, ☐ Not Applicable

Level of activity: ☐ Participation Only ☐ Sponsor or Co-sponsor

a. Number of: Floats _____ Horses _____ Participants _____ **Yes** **No**

b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? ☐ ☐

8. Are any of the event activities provided by a third party? ☐ ☐

If yes,

a. Do you require a certificate of insurance from the third party? ☐ ☐

b. Are any of the activities under contract with the third party? ☐ ☐

9. **Liquor or Alcohol Served or Sold** ☐ Not Applicable

Gross annual alcohol sales: \$ _____

Type of alcohol? ☐ Beer only ☐ Beer and wine only ☐ Beer, wine and/or liquor

a. Type of license you have for sale of alcohol:

☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by third party **Yes** **No**

b. Is any employee or volunteer of your organization responsible for serving alcohol? ☐ ☐

c. What alcohol dispensing controls are in place?

☐ Formal server training (*TIPS/TAPS*) ☐ Limited # of drink tickets [provide # allotted _____]

☐ Wrist bands identifying >21 ☐ ID Checked at purchase ☐ ID Checked at prior to admission

F. Automobile Coverage

☐ Not Applicable **Yes** **No**

1. Are all autos submitted for coverage titled to the organization? ☐ ☐

F. Automobile Coverage Continued

If no, describe which autos are not titled to the organization and list the titled owner:

2. Are the vehicles used by your organization *(select all applicable)*

☐ Owned ☐ Leased ☐ Leased with a driver *(or chartered)* Yes No

3. Does your organization spend more than \$2,500 on vehicle rentals per year? ☐ Not Applicable ☐ ☐

If yes, annual cost: \$ _____

Please describe the types of vehicles rented:

4. Do you require animals be crated or secured during transport *(reduction of distraction, injury, escape)?* ☐ ☐

5. Do you provide annual training to your drivers? ☐ ☐

6. Do you have a distracted driver policy in place *(including employees or volunteers that drive their own vehicles for business use)?* ☐ ☐

If yes, how is it enforced _____

7. Does management have and enforce a written policy restricting use of electronic devices *(including cellphones, smart phone technology)* while driving *(including employees or volunteers that drive their own vehicles for business use)?* ☐ ☐

8. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____

a. Indicate type of usage *(select all that apply and provide description):*

☐ Errands ☐ Daily or ☐ Weekly; Average Number of trips per week _____

☐ Delivery of meals or property ☐ Daily or ☐ Weekly; Average Number of trips per week _____

☐ Transportation of others ☐ Daily or ☐ Weekly; Average Number of trips per week _____

Yes No

b. Does your organization require proof of personal auto insurance annually? ☐ ☐

c. Does your organization require at least 100,000 personal auto policy limits? ☐ ☐

9. Do you run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers *(including drivers of non-owned autos, employees and volunteers)?* ☐ ☐

10. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:

a. Driver has more than 2 moving violations/accidents within past three years? ☐ ☐

b. Driver has a major violation in last 5 years *(driving while intoxicated, reckless driving, leaving the scene, etc.)?* ☐ ☐

c. Driver has a suspended, expired, or revoked license? ☐ ☐

11. Do you have a dashboard camera installed in all of your vehicles? ☐ ☐

If yes, please indicate the type(s): ☐ Forward facing only ☐ Forward and rear cameras

12. Do you utilize telematics? ☐ ☐

If yes, a. on how many vehicles? _____

b. Who is your current telematics provider? _____

c. What type of telematics program are you using? _____

F. Automobile Coverage Continued

- ☐ Data Sensors
 ☐ Integrated GPS Navigation
 ☐ Wireless Mobile Devices
☐ Other _____

E. Cyber Suite☐ Not Applicable**Yes****No**

- | | | |
|---|--------------------------|--------------------------|
| 1. Have you, at any time during the past 36 months, experienced a cyber incident (<i>hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.</i>) that cost you more than \$10,000 or experienced a lawsuit or other formal dispute (<i>with either a private party or government agency</i>) arising from a cyber incident? | ☐ | ☐ |
| 2. Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints (<i>desktop, laptops, servers, etc.</i>)? | ☐ | ☐ |
| 3. Are all of your internet access points secured by firewalls? | ☐ | ☐ |
| 4. Do you restrict employees' and external users' IT systems privilege and access to personal information on a business-need-to-know basis? | ☐ | ☐ |
| 5. Do you perform backups of business critical data on at least a weekly basis? | ☐ | ☐ |
| 6. Do you encrypt all of your mobile devices (<i>laptops, flash drives, mobile phones, etc.</i>) and confidential data? | ☐ | ☐ |