



Museum / Historical Society Supplemental

Include the following with this completed & signed supplemental application:

- ACORD applications, completed & signed
- Recent Appraisal of all Historic Buildings
- Loss Runs for current year and 5 years prior which are currently dated
- Photographs of the locations
- Descriptive brochures, publications &/or newsletters
- Statement of Values (Property)
- If autos, ACORD should include full schedule of vehicles and drivers list with full license numbers and dates of birth

A. GENERAL APPLICANT INFORMATION

Applicant Name: _____

Website: _____

Contact Person for Inspection: _____

Email: _____ FEIN: _____

1. Full description of all operation(s) and types of clients served:

(Attach brochure(s) if available)

2. Type of entity: Non-Profit Profit

3. Number of years in operation: _____ Years under present management: _____

4. How many visitors do you have on an annual basis? _____

5. Hours of Operation: _____

6. Primary funding source: _____

Annual operating budget: _____ Annual Payroll: _____

Does the entity have: Budget Deficit Operational Reserves

If budget deficit, explain: _____

7. Professional organization memberships or affiliations: _____

8. Are you accredited? Yes No

If so, by whom: _____

9. Is the property on the National Register of Historic Places? Yes No

10. Do you have a Restaurant/Cafe/Snack Bar? Yes No

If Yes, please complete the Restaurant/Food Services section of this application _____

11. Do you have a Gift Shop? Yes No

What are the annual revenues? _____

12. Do you have any live animals on your premises? Yes No

If Yes, please describe the type and number of each: _____

13. Are there swimming pools, lakes/ponds, or reflecting ponds on your premises? Yes No

B. MANAGEMENT PRACTICES

- 1. Is the staff required to report to the administrator all incidences that may result in a claim? Yes No
- 2. Are written records of all incidences kept by the administrator? Yes No
- 3. Are all incidents/accidents reviewed by administrator/safety committee? Yes No
- 4. Do you have a formal written safety program in place with appropriate training? Yes No
 - a. Emergency Evacuation Procedures (**please include a copy in the submission**) Yes No
 - b. Floor Covering Maintenance Procedures Yes No
 - c. Interactive Exhibits Procedures Yes No
 - d. Lifting Procedures Yes No
 - Maximum weight lifted _____ lbs.
 - e. Fall Protection Yes No
 - Maximum height worked at _____ ft.
 - f. Power Tool Use Procedures Yes No
 - g. Personal Protective Equipment Yes No
- 5. Does the facility have a written disaster recovery plan? **If Yes, attach a copy** Yes No
- 6. Do you require drug tests on all staff members, including drivers? Yes No
- 7. Do you have a plan in place for medical emergencies? Yes No
- 8. Is there always someone trained in CPR and first aid on the premises? Yes No
- 9. Do you have AED(s)? Yes No
 - Are staff members trained to use? Yes No
- 10. What chemicals/solvents are stored on your premises for the purposes of maintenance, restoration, repair? _____

- 11. Do you store chemicals/solvents in EPA approved containers and in locked fire resistant cabinets? Yes No
- 12. Do staff members use Personal Protective Equipment when using the chemicals/solvents? Yes No
- 13. Is the area where chemicals/solvents are used properly ventilated? Yes No
- 14. Do you construct, maintain and tear down your exhibits? Yes No
 - If No, do you use independent contractors? Yes No
- 15. If you contract for services, do you require the contractors to sign a hold harmless or indemnification agreement? Yes No
 - If Yes, attach a copy of the standard agreement
 - a. Are certificates of Insurance required and kept in file for those contractors? Yes No
 - If Yes, what are the minimum limits of liability required? _____
- 16. Do you use security personnel at any of your locations? Yes No
 - If Yes, are they Subcontracted Employed # Full Time: _____ # Part Time: _____
 - a. Please list all locations where security personnel are used: _____
 - b. If Subcontracted, please provide the name of the security firm or police department used:

 - c. Do you obtain certificates of insurance granting you additional insured status from your subcontractors? **If Yes, attach a copy** Yes No
 - d. Are security guards armed? Yes No
 - e. Describe minimum requirements and training for security personnel: _____

17. Staff: Total number of employees _____ Total number of volunteers _____

POSITION	EMPLOYEES		VOLUNTEERS		CONTRACTORS		INTERNS	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Curators								
Conservators								
Clerical/Office Staff								
Docents / Guides								
Head Librarians								
Other Librarians								
Maintenance Personnel								
Researcher								
Research Assistants								
Retail Employees								
Restaurant Workers								
Security Guards								
Teachers/Facilitators								
Other Positions (specify):								
Other Positions (specify):								

18. What is the annual turnover rate of your employees? 0-10% 11-15% >15%
19. Is there an Employee Handbook spelling out procedures and expectations? Yes No
20. Do you perform pre-hire or post-hire drug and alcohol screening? Yes No
21. Do you offer health benefits to full time employees? Yes No

C. SCHOOL PROGRAMS N/A

1. Do you have any educational programs for school groups? Yes No
 If Yes, do these take place solely on your premises? Yes No
2. Is there one staff member who is responsible for the school programs? Yes No
3. Do teachers and chaperones accompany groups who visit your organization? Yes No
4. What kind of educational programs do you offer?
 During School After School Vacation Overnight Camps Internships Apprenticeships
 Other: _____
5. Do any school groups or local groups stay overnight? Yes No
6. Number of On Premises School groups per year: _____
 a. Average Number of students per group: _____
7. Number of Off Premises School programs per year: _____
 a. Average Number of students per group: _____

D. ABUSE AND MOLESTATION: N/A

1. Does your current insurance program include coverage for Sexual Abuse and Molestation? Yes No
 If Yes, what are the limits? _____
 a. What type of coverage form: Occurrence Claims-made (retro date: _____)
2. Are formal written procedures in place for staff hiring? Yes No
3. Do you require your staff to complete an employment application? Yes No
4. Does your staff employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No

5. Does Insured run criminal background checks for employees? Yes No
 For volunteers? Yes No
6. Do you verify employment related references? Yes No
 What actions do you take if any of these reports are unfavorable? _____
7. Do you have a written procedure for dealing with physical and sexual abuse? Yes No
 If Yes, **please attach a copy.**
8. Do you have a plan for supervision that monitors staff in day-to-day relationships with visitors/school groups both on and off premises? Yes No
9. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations? Yes No
10. Is there documented formal staff training on child/sexual abuse, including how to recognize the signs and how to report a known or suspected incident? Yes No
11. Have any claims been filed or allegations been made against your organization, or anyone working on behalf of your organization alleging sexual or physical abuse or molestation? Yes No
 If Yes, explain (include dates of allegation or claim, number of claimants, case tried, or settled indemnity & defense costs, etc):

12. Indicate annual number of visitors in each age range for all programs:
 0-8 years:_____ 9-18 years:_____ over 18 years:_____

E. AUTOMOBILE: N/A

1. Are all vehicles listed on the ACORD application titled to the applicant? Yes No
 If No, please explain: _____
2. Who uses the company vehicles? _____
3. How much travel does your staff do? Limited & Intrastate Extensive and/or Out of State
4. Is there a formal safety policy in place? Yes No
5. Is there a formal Driver Distraction Program? Yes No
 (i.e. no texting, phone calls, emails while driving)
6. Is there a formal Accident Analysis Program in place? Yes No
7. Do you obtain MVR's on every driver? Yes No
 If Yes, how often? _____
8. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:
- a. More than 2 moving violations and/or accidents within a 3 year period? Yes No
- b. Reckless driving, DUI or any felony driving conviction within the past 5 years? Yes No
9. Are any drivers under 21 or over 70 years of age? Yes No
10. Is training provided for new employees/volunteers prior to their driving? Yes No
11. Do you allow personal use of your owned vehicles? Yes No
 If Yes, by whom and for what reasons? _____
12. How many drive personal vehicles for business use occasionally? F/T:_____ P/T:_____ Volunteers:_____
13. Explain what purpose Employees or Volunteers use their own autos on behalf of the organization: _____

F. HIRED AND NON-OWNED AUTO: N/A

1. Are any vehicles leased or hired? Yes No
 If Yes, describe what types, what uses and how often: _____
2. Do you hire from a transportation company? Yes No
 If Yes, with drivers? Yes No
3. Total number of hired vehicles: _____ Annual cost of hire: _____
4. How many drive personal vehicles for business use regularly? F/T:_____ P/T:_____ Volunteers:_____

How many drive personal vehicles for business use occasionally? F/T:_____ P/T:_____ Volunteers:_____

How many drive personal vehicles to transport clients? F/T:_____ P/T:_____ Volunteers:_____
5. Do you require your employees/volunteers that use their own autos to carry and provide evidence of personal auto insurance? Yes No
6. Please indicate minimum limits of personal auto limits required: _____
7. Is proof of personal auto insurance required on a renewal basis? Yes No
8. Explain what purpose Employees or Volunteers use their own autos on behalf of the organization: _____

G. SPECIAL EVENTS/FUNDRAISERS:

(If any event has more than 100 attendees, please complete a separate Special Events/Fundraising Supplemental Application)

1. How many Special Event/Fundraisers do you hold annually at your Facility? _____

NAME & DESCRIPTION OF EVENT	DATE OF EVENT	HOURS OF EVENT	# ATTENDEES	ALCOHOL SERVED?		CATERED?		# STAFF ON HAND	
				Y/N	Y/N	Y/N	Y/N	STAFF	VOL
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

3. Are Certificates of Insurance obtained from all vendors and do they name you as an additional Insured on their general liability policy? Yes No
4. Describe your overall security measures for these events? _____

H. FOOD SERVICES: N/A

1. What type of Restaurant/Food Service do you provide?

Full Service Restaurant with alcohol Snack Bar Cafeteria/ Buffet Full Service Restaurant without alcohol

Other _____

2. Revenues/Sales

YEAR	FOOD SALES	ALCOHOL SALES	TOTAL

3. Is the Food Service operation owned by the Cultural Institution or leased out to a vendor? _____

4. How long has the current Food Service Management been in place? _____

5. Hours of Operation: _____

6. Is there a bar or lounge area? Yes No

7. Is there Valet Parking? Yes No

8. Are MVR's checked on all Valet Drivers? Yes No

9. What is the seating capacity of your restaurant(s)? _____

10. What is the approximate age mix of your customers?
 _____% <25 yrs. old; _____ % 26-50 yrs. old; and _____ % over 50 yrs. old

11. If alcohol is served, are all servers TIPS Trained? Yes No

12. Is there a consistent process for checking customers ID's? Yes No

13. Does the Restaurant have a procedure for dealing with unruly customers? Yes No

I. COOKING/FOOD PREPARATION N/A

1. The Cooking Equipment is: Electric Gas Propane Natural Gas

2. Cooking Equipment is equipped with:

Hoods Ducts Exhaust Fans Deep Fat Fryers Fire Suppression System Automatic Fuel Shutoff Controls

No Protection Other _____

3. Is there a cleaning/maintenance contract for the Ducts/Exhaust Vents/Ducts? Yes No

If Yes, what is the frequency of cleaning? _____

4. Is the system UL 300/NFPA Compliant? Yes No

5. Are there Fire Extinguishers in the cooking area? Yes No

6. Do the Grills have grease traps? Yes No

7. Does the restaurant store flammables (i.e. paper goods, alcohol) away from the kitchen area (ignition source)? Yes No

8. Do all deep fat fryers have high limit switches? Yes No

9. Is there a Quality Control Program in place that addresses food spoilage? Yes No

10. Does all refrigeration equipment have:

a. Temperature alarms? Yes No

b. Back-up generators? Yes No

J. FACILITIES RENTAL: N/A

1. Is a written lease required for every rental? Yes No
2. What are your gross receipts from all rental operations? \$ _____
3. What activities are offered to rental groups? _____

Do you provide supervision of any of these activities? Yes No

If Yes, which activities? _____

4. Are all safety requirements spelled out in writing in the lease agreement? Yes No
5. When leasing to a business entity or group do you obtain Certificates of Insurance with liability limits of at least \$1 million? Yes No
- If Yes, are you named as an additional Insured on the lessee's liability insurance policy? Yes No

K. TRIPS/FIELD TRIPS/TRAVEL: N/A

1. How many trips are sponsored each year? _____
2. Are all trips within the United States, U.S. Territories, or Canada? Yes No

If No, explain:

3. Do any trips last more than one day? Yes No

If Yes, describe length of time, destination(s) and purpose:

4. Are signed permission and waiver agreements obtained from the parent of each participant for each trip? Yes No
5. Do all participants wear identification tags or identifiable clothing on all trips? Yes No
6. Is there a policy regarding emergencies and trained personnel on all trips? Yes No

Do you have concussion protocols? Yes No

If Yes, provide details: _____

Do you provide trampolines or other bouncing devices? Yes No

If Yes, describe type: _____

Describe how access is controlled: _____

Describe controls to monitor and supervise activity: _____

Do you provide therapeutic horseback riding? Yes No

Must attach a copy of the rider's registration form and any/all medical and/or liability release forms.

Are liability waivers signed by all parents and guardians? Yes No

If you own a riding facility, do you allow public access or provide boarding services for other's horses? Yes No

L. PANDEMIC AND COMMUNICABLE DISEASE:

- 1. Do you have formal procedures in place to handle pandemic or other communicable diseases? Yes No
 - a. Do your procedures address:
 - i. Staffing Yes No
 - ii. Training Yes No
 - iii. Personal protective equipment Yes No
 - iv. Client care Yes No
 - v. Vendors/visitors Yes No
 - vi. Internal & external communication Yes No
 - vii. Maintenance of premises and vehicles Yes No
 - viii. CDC guidelines and recommendations Yes No
 - b. Please provide a copy of your written procedures

- 2. Have you ever had to implement those procedures? Yes No
 - a. If yes, please provide details. _____

COMMENTS

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____

