

## 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	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>
Years in business _____	Years under current management _____		
Completed by _____	Title _____		
Signature _____	Date Completed _____		
Email address _____			

### A. General Operations and Facilities

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

A. General Operations and Facilities *Continued*

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

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

Yes No

<input type="checkbox"/> <b>Smoke detectors:</b>	<input type="checkbox"/> Battery operated	<input type="checkbox"/> Hard wired	<input type="checkbox"/> Hard wired with battery back-up
<input type="checkbox"/> <b>Carbon monoxide detectors:</b>	<input type="checkbox"/> Battery operated	<input type="checkbox"/> Hard wired	<input type="checkbox"/> Hard wired with battery back-up
19. Are firearms or any other weapons permitted on premises <i>(by employees, volunteers, customers, etc.)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If no</b> , are signs posted at entrances to inform visitors of the no firearms allowed policy?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Provide copy of policy/procedures.</i>			
20. Is the property located in an area prone to brush or wildfires?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If yes</b> , 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?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If yes</b> , 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:	
<input type="checkbox"/> Off-site adoption events – annual # _____	<input type="checkbox"/> Boarding – annual # _____
<input type="checkbox"/> Pet Obedience Training – gross sales \$ _____	<input type="checkbox"/> Gift Shop – gross sales \$ _____
<input type="checkbox"/> Pet Grooming – gross sales \$ _____	<input type="checkbox"/> Crematorium – gross sales \$ _____
<input type="checkbox"/> Therapy or Service Animal Training or Adoption – gross sales \$ _____	
<input type="checkbox"/> Trap, Neuter/Spay, Release Number of annual procedures _____	
<input type="checkbox"/> Veterinarian Services or Hospital – gross sales \$ _____	
<b>If any,</b>	
<input type="checkbox"/> Research or experimentation with animals	<input type="checkbox"/> In-home services <i>(e.g. pet therapy, pet services, etc.)</i>
<input type="checkbox"/> Facility rental or lease to third parties	<input type="checkbox"/> Animal Training
	Yes No
3. Is your organization compliant with all applicable state and federal regulations & protocols?	<input type="checkbox"/> <input type="checkbox"/>
4. Does your organization provide services for any dog breeds?	<input type="checkbox"/> <input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Describe services provided:		
b. Does the contract require additional insured status for the city/county/state?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do your humane officers carry weapons?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Firearms/guns <input type="checkbox"/> Tasers <input type="checkbox"/> Tranquilizer guns <input type="checkbox"/> None		
g. Is there separate liability insurance in place for animal control or humane officers?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is Veterinarian or Other Professional Liability Coverage requested?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do any employees, volunteers, or contractors carry their own professional liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> are procedures in place to verify current insurance is maintained at all times?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> are procedures in place to verify current licenses and/or certifications are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
a. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Regarding professional liability coverage,</b>		
c. Is your organization aware of any professional claims or suits made during the past five years against the organization or any individual?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Complete chart below for each event. If additional space is required, provide information on an attachment.			
<b>Provide the following information:</b>	<b>EVENT 1</b>	<b>EVENT 2</b>	<b>EVENT 3</b>
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	\$ _____	\$ _____	\$ _____



**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**  **Yes**  **No**

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)?  **Yes**  **No**

5. Do you provide annual training to your drivers?  **Yes**  **No**

6. Do you have a distracted driver policy in place (including employees or volunteers that drive their own vehicles for business use)?  **Yes**  **No**

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)?  **Yes**  **No**

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?  **Yes**  **No**

c. Does your organization require at least 100,000 personal auto policy limits?  **Yes**  **No**

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)?  **Yes**  **No**

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?  **Yes**  **No**

b. Driver has a major violation in last 5 years (driving while intoxicated, reckless driving, leaving the scene, etc.)?  **Yes**  **No**

c. Driver has a suspended, expired, or revoked license?  **Yes**  **No**

11. Do you have a dashboard camera installed in all of your vehicles?  **Yes**  **No**

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

12. Do you utilize telematics?  **Yes**  **No**

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. Data Compromise** **Not Applicable****Yes****No**

1. Does your organization accept electronic payments/donations or electronically store employee and volunteer Personally Identifiable Information?

2. Has your organization suffered a breach of personal information in the last 12 months?

**If yes**, please explain.

3. Do you post your document retention and destruction policy?

4. Do you maintain regularly updated computer security measures?  
(e.g. fire wall, secured wireless connectivity, virus protection)

5. Are your employee, customer, and other physical records maintained in a secured environment with limited access?

6. If you answered **no** to questions 3, 4 or 5 please explain.