

Museum 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
		<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

1. Provide all applicable information:

Payroll _____ Number of employees _____ Number of volunteers _____

Who is your previous insurance carrier? _____

Number of members _____ Projected revenue _____

Has there been a lapse in coverage?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

2. Average number of visitors annually _____

3. Patrons or program participants in each age range: NA # <18 _____ 19-61 _____ 62+ _____

4. Does your organization provide accident insurance youth program participants?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

a. Insurance company name _____

Policy number _____

b. Policy period _____ Limits _____

c. Accident insurance applies to all members or participants
 is optional, at member or participants' expense

5. Is your institution accredited by American Alliance of Museums (AAM)?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

***If yes,** provide a copy of the most recent standard facilities report with this application.

If no, does your staff receive training for packing/shipping?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

List any other accreditations or memberships _____

6. Does your organization have or allow animals (<i>i.e. pets</i>) to be on premises?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe controls/procedures:

7. Indicate all employee (<i>and/or volunteer</i>) screening controls utilized by your organization:	<input type="checkbox"/> No screening Conducted
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<input type="checkbox"/> Signed written applications	<input type="checkbox"/> Personal Interviews	<input type="checkbox"/> References checked & documented
<input type="checkbox"/> Photo ID verification	<input type="checkbox"/> Minimum 5 years of employment history verified	<input type="checkbox"/> Drug testing
<input type="checkbox"/> Professional Education verification	<input type="checkbox"/> Professional license/ certification verification	

A. General Operations and Facilities *Continued*

8. Indicate all employee (*and/or volunteer*) background checks utilized by your organization: No Background Checks Conducted

Name Checks: Local Check State Check National Check

10 Digit Fingerprints: State Level Prints FBI – regardless of time residing in the state
 FBI – if <5 years residing in the state Other Describe _____

Yes No

Are background checks completed on third-party contractors who have access to vulnerable clients?
 Not Applicable

How frequently does your organization re-run background checks: Once (*Prior to hire*) Annually
 Biannually Other _____

9. Are all screening practices for volunteers enforced the same as for employees? No Volunteers

If no, please describe differences:

10. Are all controls indicated in 7 and 8 above completed prior to:

a. Hiring employee or accepting volunteer?

b. Employee or volunteer contact with client?

Explain any **NO** responses:

11. 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?

12. How long are employee and volunteer records, including record of background checks, retained?

Number of years _____ Permanently

13. How long are documents regarding allegations of abuse, incidents reports for major injuries, records for employees terminated for cause, etc. retained? Number of years _____ Permanently

14. Does your organization own or use drones?

Does your organization provide any unique programs or services?

If yes, please describe _____

15. Electrical Make & manufacturer of electrical panel and breakers:

Is all electrical wiring connected to functional and operational circuit breakers?

Does your facility have aluminum wiring?

Does the electrical have knob and tube wiring?

Who completes your electrical repairs? Licensed electrician Volunteer Other _____

16. Would you like property coverage for any outdoor paved surfaces (*patios, courts, etc.*) or other type of outdoor property (*gates, fences, etc.*)?

If yes, describe type of property and the value below.
If additional space is required, provide an attachment or list on the Acord Property application.

17. Do you have any solar panels?

A. General Operations and Facilities *Continued*

	Yes	No
If yes , please advise wattage _____ kilowatt (kW) Number of panels _____ Age of Panels _____		
18. Are portable heaters used in any buildings?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe type of heater and safety controls:		
19. Indicate all protective systems:		
<input type="checkbox"/> Sprinklers: 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"/>
<input type="checkbox"/> Smoke detectors: <input type="checkbox"/> Battery operated <input type="checkbox"/> hard wired <input type="checkbox"/> hard wired with battery back-up		
<input type="checkbox"/> Carbon monoxide detectors: <input type="checkbox"/> Battery operated <input type="checkbox"/> hard wired <input type="checkbox"/> hard wired with battery back-up		
20. What security measures are in place?		
<input type="checkbox"/> Alarmed doors <input type="checkbox"/> Automated Access System <input type="checkbox"/> Electronic locks <input type="checkbox"/> Emergency drills		
<input type="checkbox"/> Metal detectors <input type="checkbox"/> Security cameras <input type="checkbox"/> Surveillance Cameras		
21. Do you have security guards for regular operations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Are security personnel: <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Contracted Third Party		
<input type="checkbox"/> On-Duty Police Officers <input type="checkbox"/> Off-Duty Police Officers <input type="checkbox"/> Other _____		
<i>*If contracted, provide copy of contract.</i>		
b. Is security; <input type="checkbox"/> Unarmed <input type="checkbox"/> Armed: Describe weapons _____		
c. Number of Security Personnel _____ Payroll (or contract premium) _____		
d. Additional security comments _____		
22. Are firearms or any other weapons permitted on premises (by employees, volunteers, customers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If no , are signs posted at entrances to inform visitors of the no firearms allowed policy?	<input type="checkbox"/>	<input type="checkbox"/>
Provide copy of policy/procedures.		
23. Do you have any buildings that are more than 25% vacant, unoccupied (including temporarily), or for sale?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , provide address of building(s) _____		
24. Are any of your locations located in a remote area or an area prone to brush or wildfires?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , what controls/risk management are in place to reduce brush, control burn exposure?		

25. Do you have any plans for renovations or new construction during the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe.		
26. Do you accept donations of vehicles of any type?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Does the organization take physical possession of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the organization take registration of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
c. How are vehicles used? _____		

A. General Operations and Facilities Continued

- Used in daily operations of organization Sold directly to the public as a fundraiser
- Vehicle is titled to an independent broker, when sold, profits are returned to the organization

d. How many vehicles do you receive in an average year? _____

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. Professional Liability

Not Applicable

1. List number of employees (*full or part-time*), volunteers and contractors by position:

Check if organization has no degreed professionals.

Name of Position	Employees	Volunteers	Contractors
Appraisers, Conservators, Curators	_____	_____	_____
Teachers	_____	_____	_____
Professional Interns under your supervision	_____	_____	_____
Other degreed professionals (<i>Describe degree level and position</i>): _____	_____	_____	_____

2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? Yes No

If yes, are procedures in place to verify current insurance is maintained at all times? Yes No

3. Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified? Yes No

If yes, are procedures in place to verify current licenses and/or certifications are maintained? Yes No

Describe or Name the licensing or certifying organization(s) _____

If applicable, describe the frequency of relevant recertifications _____

4. Has any employee ever been reprimanded, refused admission or suspended by any association or administrative agency? Yes No

5. In regard to professional liability coverage, is your organization aware of any situations or circumstances that may result in a claim or suit being made against your organization or any individual to be covered by this policy? Yes No

If yes, please provide details.

D. Automobile Coverage

Not Applicable

Yes No

1. Are all autos submitted for coverage titled to the organization? Yes No

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*)

3. Does your organization spend more than \$2,500 on vehicle rentals per year? Not Applicable Yes No

If yes, annual cost \$ _____

D. Automobile Coverage *Continued*

Yes No

Please describe the types of vehicles rented:			
4.	Do you provide transportation to any clients, members or the general public?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe services _____			
a.	Are strict routes and time tables enforced?	<input type="checkbox"/>	<input type="checkbox"/>
b.	When transporting passengers younger than 18 years of age, are 2 adults present?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you following all applicable state and federal licensing laws?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you maintain driver files on CDL licensed drivers?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Do any autos have wheelchair lifts?	<input type="checkbox"/>	<input type="checkbox"/>
5.	What types of driver training do you provide your drivers?		
Training Methods: <input type="checkbox"/> Document Distribution <input type="checkbox"/> Classroom Training <input type="checkbox"/> Road Testing			
<input type="checkbox"/> Other _____			
6.	Do you have a distracted driver policy in place (<i>including employees or volunteers that drive their own vehicles for business use</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how is it enforced _____			
7.	Does management have and enforce a written policy restricting use of electronic devices (<i>including cellphones, smart phone technology</i>) while driving (<i>including employees or volunteers that drive their own vehicles for business use</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____		
a.	Indicate type of usage (<i>select all that apply and provide description</i>):		
	<input type="checkbox"/> Errands <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____		
	<input type="checkbox"/> Delivery of meals or property <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____		
	<input type="checkbox"/> Transportation of others <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____		
		Yes	No
b.	Does your organization require proof of personal auto insurance annually?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Does your organization require at least 100,000 personal auto policy limits?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers (<i>including drivers of non-owned autos, employees and volunteers</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Driver has a major violation in last 5 years (<i>driving while intoxicated, reckless driving, leaving the scene, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you have a dashboard camera installed in all of your vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please indicate the type(s): <input type="checkbox"/> Forward facing only <input type="checkbox"/> Forward and rear cameras			
12.	Do you utilize telematics?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,	a. on how many vehicles? _____		
	b. Who is your current telematics provider? _____		
	c. What type of telematics program are you using? <input type="checkbox"/> Data Sensors <input type="checkbox"/> Integrated GPS Navigation		
	<input type="checkbox"/> Wireless Mobile Devices <input type="checkbox"/> Other _____		

E. Abuse/Molestation Liability

Yes No

1. Is your organization Praesidium Certified?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made against your organization <i>(or any individual covered by this policy)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain _____		
3. Does your organization have written abuse policies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do your policies and procedures:		
a. Communicate a zero-tolerance approach to inappropriate behaviors.	<input type="checkbox"/>	<input type="checkbox"/>
b. Define appropriate and inappropriate behavior and contact.	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicate the organization will investigate and cooperate with law enforcement.	<input type="checkbox"/>	<input type="checkbox"/>
4. Do all employees and volunteers undergo abuse prevention training upon hiring and annually thereafter?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is abuse prevention training documented in their personnel files?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your organization enforce the 3-person rule <i>(require at least 2 employees or volunteers to be with clients at all times)</i> , prohibiting all employees and volunteers from being alone with clients, including during transportation?	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain _____		
6. How does your organization monitor client areas?	<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Closed circuit monitors	<input type="checkbox"/> Staff tours/detours	<input type="checkbox"/> Office windows
<input type="checkbox"/> Surveillance cameras	<input type="checkbox"/> Other _____	<input type="checkbox"/> Open doors

F. All Youth Programs - Complete this section if your organization provides any (Afterschool programs, Children's groups, Fine Art's school)

Not Applicable

1. Program	Afterschool Program	Arts School	Summer Programs	Day Camps	Overnight Camps	
Number of Attendees						
Number of Counselors						
Number of Days						
					Yes	No
2. Do you keep a medical history on file for each attendee?					<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it secured?					<input type="checkbox"/>	<input type="checkbox"/>
3. Are food allergy procedures in place?					<input type="checkbox"/>	<input type="checkbox"/>
4. Are prescription medication procedures in place <i>(inclusive of authorized dispensing instructions)</i> ?					<input type="checkbox"/>	<input type="checkbox"/>
5. Are waivers in place for all youth program attendees?					<input type="checkbox"/>	<input type="checkbox"/>
6. Is your facility fully equipped with permanent Tamper Resistant Receptacles?					<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a nurse or doctor on-site?					<input type="checkbox"/>	<input type="checkbox"/>

G. Museum

Not Applicable

Yes No

1. Are any of your buildings historical?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Is the building on the historic registry?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National
b. Has the building had a replacement cost appraisal?	<input type="checkbox"/>	<input type="checkbox"/>

G. Museum Continued

Yes No

If yes, please provide a copy.

2. Are any of the insured's exhibits interactive?

If yes, are all electronic devices that are part of such exhibits properly grounded, regularly maintained, and inspected daily?

3. Does your organization currently have or ever install exhibits that are suspended from the ceiling?

4. In regard to school groups and field trips, does your organization:

a. Require school groups to schedule in advance?

b. Require chaperones to stay with children at all times?

c. Require a chaperone to child ratio?

If yes, please note ratio _____

5. Does your organization repair, restore, retouch, or conserve collection(s)/fine arts?

If yes, what types of chemicals or solvents are used? _____

Are all such chemicals stored in Environmental Protection Agency (EPA)-approved containers? **Not Applicable**

6. Fine Arts:

a. Are there temperature and humidity controls in the exhibition galleries, and storage areas?

b. Are there back-up generators in place?

c. Are there any below-grade/basement exposures?

d. How are high value items protected?

Owned Collections:

e. Amount of coverage you wish to purchase collection (*fine arts, exhibits, etc.*) _____

**Attach copy of inventory or statement of values for items greater than \$5,000*

f. Estimated value of permanent collection _____

Estimated value of your art reference library _____

Estimated value of your collection _____

g. Have all items been catalogued, photographed, or video recorded?

h. Have all items valued greater than \$25,000 been appraised?

i. Is documentation of the collection(s) stored electronically and off-site?

Loaned Collections:

j. Are written loan agreements obtained for all collections loaned to insured?

k. Do the agreements specify who is responsible for damage and insurance?

l. Is an inventory of the loaned collection provided?

m. Is total value of collection agreed upon for a total loss?

n. Is the condition of each collection documented/inventory upon receipt?

o. Does the insured make a photographic record of objects within all temporary collection?

7. Any collection item include "one of a kind" items?

G. Museum Continued

Yes No

If yes, describe details regarding the security of these items while on display, in storage, or in transit.

8. Do you keep detailed records of the fine arts off-premises including a description and photos?

9. Do you have a need for Worldwide coverage for your property (*fine arts, exhibits, etc.*)?

10. Does your organization transport owned or leased collections?

If yes,

a. Does your organization verify that contract terms require the borrowing organization to name lending organization as an Additional Insured?

b. Does your organization ever accept responsibility for packaging the fine arts for transit?

c. Does your organization only utilize transit carriers that specialize in fine arts?

d. Any special precautions taken against theft or breakage in transit?

e. Are condition reports used on all shipments?

f. Is the full value declared with the carrier for hire?

g. What is the maximum value of items being shipped? _____

h. What is the maximum distance of items being shipped? _____

11. Are forklifts used?

If yes,

a. Do forklifts have back-up alarms?

b. Are forklift drivers certified?

H. 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	\$ _____		\$ _____		\$ _____	
Gross sales from alcohol sales	\$ _____		\$ _____		\$ _____	
Other gross sales	\$ _____		\$ _____		\$ _____	
	Yes	No	Yes	No	Yes	No
Annual event?	<input type="checkbox"/>					
Has any claim or incident ever arisen out of this event?	<input type="checkbox"/>					
Emergency medical personnel present?	<input type="checkbox"/>					
Security personnel present?	<input type="checkbox"/>					

H. Special Events Continued

EVENT 1

EVENT 2

EVENT 3

Activities at event
(use all applicable activity codes from list below)

Activity Codes (for use above)

- | | | |
|---------------------------|---|--|
| A. Golf outing | H. Aircraft (<i>motorized or not</i>) | O. Use of any motorized vehicle(s) *See below |
| B. Wine tasting | I. Animals | P. Mechanical amusement devices *See below |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Inflatable or Non-mechanical amusement *See below |
| D. Auction | K. Fireworks sales or show | R. Other _____ |
| E. House or garden tour | L. Haunted house or trail | S. Other _____ |
| F. Fashion or Art Show | M. Concert *See below | T. Other _____ |
| G. Bingo or Poker | N. Parade *See below | U. 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. Parade details, Not Applicable **Yes** **No**

Level of activity: Participation Only Sponsor Or Co-Sponsor

a. **Number of:** floats _____ horses (*or other large animals*) _____ participants _____

b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? **Yes** **No**

8. Are any of the event activities provided by a third party? **Yes** **No**

If yes, Do you require a certificate of insurance from the third party? **Yes** **No**

Are any of the activities under contract with the third party? **Yes** **No**

I. Facility Rental (*Complete if premises is rented to others*) Not Applicable

1. Number of times a year your premises is rented, either for a fee or at no cost? _____

Yes **No**

2. Are all renters required to sign written rental contract? **Yes** **No**

If yes, a. Does your rental agreement contain "hold harmless" clause in your favor? **Yes** **No**

b. Does your contract require you to be named as Additional Insured on the renter's policy? **Yes** **No**

c. Does agreement make the renter responsible for security during rental period? **Yes** **No**

3. Do you rent premises to those that do not carry liability insurance? **Yes** **No**

4. Is there a staff member on site and available for questions during rental? **Yes** **No**

J. Liquor or Alcohol Served or Sold (*including events*) Not Applicable

1. Gross annual alcohol sales \$ _____

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

J. Liquor or Alcohol Served or Sold *Continued*

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

- Permit for event only Annual liquor license Alcohol served by third party

Yes No

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

5. What alcohol dispensing controls are in place?

- TIPS/ TAPS server training Limited # of drink tickets # _____ ID check prior to admission
 Wrist bands identifying >21 ID checked at purchase

K. Media Exposures (*Service brochures, Websites, Social Media, etc.*)

Not Applicable **Yes No**

1. Create your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.

2. Sell music or printed materials created, published or produced by someone within your organization.

3. Air television, radio or internet broadcast segments (*podcasts/logs/etc.*), public service announcements (PSAs) or shows.

If yes,

a. Do you always obtain written waivers that specifically release your organization from all liability arising from Personal or Advertising Injury, prior to using the likeness of others (*e.g. pictures*) or prior to using the work product of others?

b. Frequency of broadcast segments: N/A Daily Weekly Monthly Infrequently

c. Describe all media created, produced or published by your organization:

d. Do you contract with a third party for creation or legal review of any materials?

If yes, describe materials subject to review and type of review:

e. Does your organization carry any type of media liability insurance (*broadcasters' liability, publishers' liability etc.*)?

If yes, attach a copy of the declarations page.

L. Sale or Distribution of Food or Merchandise (*Including gift shops and cafes.*)

Not Applicable **Yes No**

1. **Goods distributed or sold by the organization:** Food New merchandise Other _____

2. Food Gross sales \$ _____ Merchandise Gross sales \$ _____

3. Do you want property coverage for stock or merchandise held for sale?

If yes, attach market value for inventory per location and complete a-c.

a. How often are inventory records updated? _____

b. Is any stock stored outside of a scheduled building after business hours?

c. Are all outdoor dumpsters fenced in with lockable gates to discourage trespassers from rummaging through them, possibly causing themselves injury?

4. Do you refurbish, repair, repackage, re-label, remove labels or in any other way modify items (*excluding cosmetic changes*)?

5. Do you publish and enforce housekeeping guidelines? **If yes,** attach copy of housekeeping rules.

6. Are expirations dates of food products monitored?

L. Sale or Distribution of Food or Merchandise *Continued*

Yes No

7. Do you use insecticide or pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , is application completed by a licensed and insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you monitor refrigerator system to ensure that temperatures do not fall below acceptable levels?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>
If yes , how do you monitor the temps? _____		
9. Do you have a backup generator for refrigerator system?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>
10. Does the value of any item for sale exceed \$500?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe items _____		

M. Data Compromise

Not Applicable **Yes No**

1. Has your organization suffered a breach of personal information in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please explain.		
2. Do you post your document retention and destruction policy?	<input type="checkbox"/>	<input type="checkbox"/>
If no , please explain.		
3. Do you maintain regularly updated computer security measures? <i>(e.g. fire wall, secured wireless connectivity, virus protection)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If no , please explain.		
4. Are your employee, customer, and other physical records maintained in a secured environment with limited access?	<input type="checkbox"/>	<input type="checkbox"/>
If no , please explain.		