



GREAT AMERICAN INSURANCE COMPANIES Specialty Human Services Division



ANIMAL SHELTER / HUMANE SOCIETY QUESTIONNAIRE

Name of organization: _____

Website address (URL): www. _____

1. Do you operate any of the following? YES NO

If yes, provide annual sales for each.

Gift Shop: _____ Pet Training: _____ Pet Grooming: _____

2. How many kennels, cages or compartments do you have on your premises? _____

3. Does your organization provide shelter for large animals, wild or exotic animals? YES NO

4. How many total:

a. Employees (excluding employed veterinarians) _____

b. Volunteer veterinarians: _____

c. Contracted veterinarians: _____

d. Employed veterinarians: _____

What is the annual payroll for employed veterinarians? _____

5. Does your organization employ animal control officers? YES NO

If yes,

a. Do the officers have citation or arrest authority? YES NO

b. Do the officers carry firearms? YES NO

c. Does separate liability coverage apply to animal control officers? YES NO

6. What is the average number of visitors at your facility per day? _____

7. Do you have any off-site adoption locations? YES NO

8. Do you operate any mobile adoption vehicles? YES NO

9. Does your organization provide accident insurance for your volunteers? YES NO

If yes, provide:

Insurance company name: _____ Policy Number: _____

Policy Period: _____ Limits: _____

10. Indicate any event **you sponsor or participate in** with following types of activities. **Complete a Special Event**

Addendum for each event indicated.

Estimated attendance more than 300 people

Aircraft or watercraft (motorized or not)

Animals

Athletic participation (e.g., rope courses, climbing walls, marathons, etc.)

Fireworks Sales or Fireworks Show

None of the above apply

Haunted House

Home Tours

Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides)

Parade-participation or sponsorship

Use of motorized vehicles of any type

11. Does your organization own or lease vehicles? YES NO

12. Is **non-owned auto liability** coverage desired? YES NO

If yes,

a. Total number of: _____ **employees** _____ **volunteers**

b. Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization.**

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport animals			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Completed by: _____

Date Completed: _____

