

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

ANIMAL SHELTER/HUMANE SOCIETY QUESTIONNAIRE

Name of organization: _____

WEBSITE ADDRESS (URL): www. _____

1. Do you operate any of the following?
Gift Shop _____ annual sales
Pet Training _____ annual sales
Pet Grooming _____ annual sales
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 veterinarians are employed? _____
5. What is the annual payroll for employed veterinarians? _____
6. 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
7. What is the average number of visitors at your facility per day? _____
8. Do you have any off-site adoption locations? Yes No
9. Do you operate any mobile adoption vehicles? Yes No
10. Does your organization provide accident insurance for your volunteers? Yes No
If yes, provide:
Insurance company name: _____ Policy Number:: _____
Policy Period: _____ Limits: _____
11. Indicate any event **you sponsor or participate in** with following types of activities.
Complete a Special Event Addendum for each event indicated.
- | | |
|---|---|
| <input type="checkbox"/> Estimated attendance <u>more than 300 people</u> | <input type="checkbox"/> Haunted House |
| <input type="checkbox"/> Aircraft or watercraft (motorized or not) | <input type="checkbox"/> Home Tours |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides) |
| <input type="checkbox"/> Athletic participation (e.g., rope courses, climbing walls, marathons, etc.) | <input type="checkbox"/> Parade-participation or sponsorship |
| <input type="checkbox"/> Fireworks Sales or Fireworks Show | <input type="checkbox"/> Use of motorized vehicles of any type |
| <input type="checkbox"/> None of the above apply | |

AUTO COVERAGE:

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

13. 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			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Transport of animals			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Completed By: _____ DATE _____

