



4600 Cox Road, Glen Allen, VA 23060
 (800) 431-1270 Fax (804) 527-7966

Non-Profit Museums and Private Libraries Application
 (To be attached to ACORD applications)

NAMED INSURED: _____

Website Address: _____

Please attach the following:

- | | |
|--|--|
| ACORD Applications (For all lines of coverage to be written) | Brochures |
| Loss Runs – 3 years, with descriptions of all losses > \$5,000 | Financial Statement |
| Statement of Values (For blanket &/or agreed amount property coverage) | Drivers' List (For automobile coverage) |
| Recent Appraisal for historic buildings &/or Collections | MVR's if available |
| Photographs (if available) | Other Applicable Supplemental Questionnaires |
| Schedule of Collections | |

This application consists of the following sections. Complete sections I, II and III, then any other that are applicable to this insured.

Section I – General Information

Section IV – Automobile

Section II – Property (including Historic Buildings)

Section V – Museums & Private Libraries

Section III – General Liability

I. GENERAL INFORMATION

- Type of non-profit: Museum Private Library Other (specify): _____
- Full description of all operation(s) [Attach brochures if available] _____

- Type of 501(c) entity: _____
- Number of years in operation: _____ Years under present management: _____
- Primary funding source(s): _____
- Professional organization memberships: _____
- Have you ever discontinued any programs or operations? Yes No If yes, explain _____

- What is your annual operating budget? _____
- Are you accredited? Yes No If so, by whom? _____
- Is this a membership organization? Yes No If yes, number of members: _____
- If open to the public, list hours of operation: _____

II. PROPERTY

Complete ACORD Property applications. Also see the sections that follow for questions addressing specific exposures. If the insured occupies an historic building, the following must be completed:

HISTORIC BUILDINGS (Must attach a building appraisal not more than 3 years old.)

	Loc Bldg	Loc Bldg	Loc Bldg
1. Is this building listed on the National Register of Historic Places?			
2. Are replacement building materials available locally?			
3. Will local ordinances allow the building to be rebuilt at the same location?			

4. Has the building been completely restored?			
If not, what percentage of the building has been restored?			
What is the target date for complete restoration?			
5. Is the building currently under construction/being restored?			
If yes, what percentage of the building is under construction/restoration?			
6. Is the building ADA compliant?			
7. Is the building also a private home, hotel, inn or bed & breakfast?			
If yes, describe:			
8. If someone lives on the premises full time, do they have a separate homeowner's insurance policy?			

III. GENERAL LIABILITY/PROFESSIONAL (All Risks)

1. Staff List

Positions	Number Employed Full Time	Number Employed Part Time	Number Contracted (not employed by insured)
Administrators			
Curators			
Clerical			
Computer Technicians/Programmers			
Docents/Guides			
Guards			
Head Librarians			
Librarians - other			
Office Managers			
Maintenance Workers			
Managers (describe):			
Researchers			
Research Assistants			
Retail Employees			
Restaurant Employees			
Teachers			
Volunteers (list according to hours worked weekly as if employed)			
Others: (List – use additional paper if necessary)			

2. Is the staff required to report to management all incidences that may result in a claim? .. Yes .. No
3. Are written records of all incidences kept by management? .. Yes .. No
4. Are all incidences reviewed? .. Yes .. No
5. Do you have a formal written safety program in place? .. Yes .. No
6. Does the insured have a written emergency evacuation plan? If so, attach a copy. .. Yes .. No
7. Is there a swimming pool or lake on premises? .. Yes .. No **If yes, complete the swimming pool supplement.**
8. Please describe the insured's fundraising activities including special events. List types of activities, numbers of participants, whether or not liquor is served or sold, where events are held, etc. _____

9. If contracted professionals are used, does the insured require them to sign a hold harmless or indemnification agreement?
 Yes No **If yes, attach a copy of the standard agreement.**
 Are certificates of insurance required and kept in file for those contracted professionals? Yes No
 If yes, what are the minimum limits of liability required? _____
10. Is a complete criminal background check required for all staff members? Yes No
11. Do you have volunteer workers? Yes No
 Is a complete criminal background check required for all volunteers? Yes No
 Average number of volunteers daily: _____
12. Have there been any claims or suits, or do you know of any incidents that could result in a claim or suit of any type?
 Yes No If yes, explain. _____

13. Do you currently carry professional liability insurance? Yes No
 If yes, indicate limits, carrier, occurrence or claims made & retro date (if any) _____

14. Does the insured have security guards? Yes No
 If yes, are they: employees or contracted services?
 Are they armed? Yes No
15. Are alcoholic beverages ever served at sponsored activities? Yes No
 If yes, is a charge made for them? Yes No
 If yes, what are the annual liquor receipts? _____
 Is a caterer responsible for the alcohol service? Yes No
 If not, do you carry liquor liability coverage? Yes No
 If yes, who is the carrier & policy dates? _____
16. Please list receipts from all operations broken down by source (if more space is needed, use the Additional Comments section):
- | Operation/Activity | Annual Receipts |
|--------------------|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
17. Do you publish any of the following: Printed Newsletter Books Magazines Online Newsletter Other (specify): _____

 If yes, is it primarily distributed only to members and visitors and others related to your operation? Yes No
 Is there a separate charge in addition to membership fees? Yes No Is it sold in magazine stands, book stores or other public venues? Yes No Do you do any printing or publishing for other entities or organizations? Yes No
18. Do you have a publisher's liability insurance policy? Yes No If yes, list carrier, limits and policy dates: _____

IV. AUTOMOBILE (Complete for risks who want owned, non-owned and/or hired auto coverage.)

1. Is there a written driver screening plan in place? Yes No
2. Is there a written vehicle maintenance plan in place? Yes No
3. Are keys locked and secured away from the public when not in use? Yes No
4. Have drivers attended a class or completed a self-study in defensive driving? Yes No
5. Are MVR's checked prior to hiring? Yes No
6. Is personal use of insured's automobiles permitted? Yes No
7. Are family members permitted to drive the insured's automobiles? Yes No

8. Do your employees or volunteers use their own vehicles for the insured's business? Yes No
 If yes, do they use their own vehicles to transport anyone? Yes No
 Do you require your employees or volunteers to carry and provide evidence of personal auto insurance? Yes No
 If yes, what minimum liability limits do you require they have? _____
9. Are all vehicles insured on the schedule titled to the named insured? Yes No
 If no, explain. _____
10. Are vehicles equipped with safety belts for each passenger? Yes No
11. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair & passenger? Yes No
12. Is a final check performed after unloading to be sure nobody is left inside when vacating the vehicle? Yes No
13. Do all large capacity vehicles (> 8 passengers) have an audible backup warning device? Yes No
14. Are any drivers under 21 or over 70 years of age? Yes No
15. Do drivers have the appropriate types of licenses for vehicles driven (i.e., buses, heavy trucks, etc.) Yes No
16. Are any vehicles leased, rented or hired? Yes No
 If yes, describe what types, what uses and how often. _____

17. Are volunteers permitted to drive the insured's vehicles? Yes No If yes, explain in detail. _____

V. MUSEUMS & PRIVATE LIBRARIES (Complete all that apply)

Please mark & answer all of the following that apply:

1. Theater: Type _____ Number of annual admissions _____
2. Aquarium: Dimensions _____ Types of fish _____
 Is someone assigned to monitor & clean up wet floors at regular intervals? Yes No
3. Kids' Camp (Complete Camp Application)
4. Concerts: Type _____ Number & Frequency _____
5. Lectures: Type _____ Number & Frequency _____
6. Appraisal services: Type of property appraised _____
7. Conservation services: Types of property conserved _____
 Is the conservator certified? Yes No If yes, by whom? _____
 Are all chemicals and solvents used stored in EPA-approved containers? Yes No
8. Restaurant (**Complete Restaurant Supplement**)
9. Gift shop: Annual gross receipts _____ Describe items sold _____

10. Facility rental for social events: Type and number of each annually _____
 Is a museum staff member always present? Yes No Does the museum do the catering? Yes No
 Are certificates of insurance required from all non-member groups renting the facility? Yes No
11. Field trips: List where, the number annually and average number of participants for each _____

12. Animals: Types _____
 Can the animals be handled by visitors? Yes No
13. Exhibits on loan from others
 Who is responsible for the insurance while property is in transit? _____
 Who is responsible for the insurance while at the insured's premises? _____
 Are the packers trained in property packing methods for valuable items? Yes No

14. Exhibits loaned to others

Who is responsible for the insurance while property is in transit? _____

Who is responsible for the insurance while at the other premises? _____

Are the packers trained in property packing methods for valuable items? Yes No

15. Exhibits hung from ceilings: Describe inspection process to ensure safety: _____

16. Guided tours: Always or For special groups only

17. School groups: Are school chaperones required to stay with students at all times? Yes No If no, describe supervision: _____

18. Reflecting pool, wishing wells, fountains, ponds: Are signs posted warning visitors not to enter or touch the water? Yes No

19. Hands-on exhibits: Are they inspected daily to check for broken pieces or malfunctions? Yes No

20. Nature Center: Describe grounds, activities, etc. _____

21. Are all collectibles, fine arts, rare books, manuscripts, etc. catalogued, photographed or video taped? Yes No

22. Are all important records & documents kept in fire-resistant safes with duplicates kept off-premises? Yes No

23. Stepladders or stools: Do they have rubber treads & rubberized feet that sink down when stepped on? Yes No

24. Rolling carts: Are they placed in safe places while unattended? Yes No

25. Computers and microfilm viewers: Are all connected to surge protectors? Yes No

26. Rules of behavior: Posted? Yes No

27. Film collections: Are all collections on cellulose nitrate film stored in fire resistive vaults? Yes No

Additional comments below: _____

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Insured's Name Title Date

Agent's Signature Date