

# Supplemental Questionnaire for Historic Museums

**This is a supplemental questionnaire to the ACORD 125 application and Statement of Values (SOV).**

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

## Historic Location

1. Are any of the organization's locations certified Historic Structures listed on the National Register of Historic Places or are within a certified Historic District and deemed eligible for the National Historic Register?  
If yes, please list all locations.

## General Operations

1. Type of Museum: _____	
2. Description of operations: _____	
3. Is there a formal evacuation plan in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there security at all entrances and exits during business hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the organization lease the facility to other parties for events, and if so, is proof of insurance required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is there a formal safety program in operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Scope of program: _____	
7. Does the organization rent the premises to others for events such as weddings and parties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", is a member of the museum's staff present at all times?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Is liquor served?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Is catering by an outside company provided to serve the liquor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are they trained by TIPS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are Hold Harmless Agreements and Certificates of Insurance obtained from all lessees and suppliers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Is there a gift shop?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", please provide a description of items sold and annual receipts: _____	
_____	
13. Is there a cafeteria or restaurant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, we need to have a NFPA 96 completed.	
14. Are tours accompanied by a guide?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Special Events

1. Description of Event(s):	
2. Estimated Attendance:	
3. Receipts for admission, food, and alcohol (if any):	
4. Will there be any pyrotechnics?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Will there be any inflatable amusement devices (bounce houses)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Will there be any mechanical amusement rides?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Will there be any use of aircraft, watercraft, or hot air balloons?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Abuse

1. Have there been any claims or reported incidents of abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are reference checks completed on all employees and volunteers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are criminal background checks completed including local, state, and federal sexual offender registries?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there written guidelines for reporting and responding to allegations of abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are there any day or overnight camps?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is client contact supervised?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Historic Tax Credit

1. Are there Federal, State, or Municipal tax credit incentives attached to any of the organization's locations? If "yes", please describe in detail and include location address.			
2. Tax Credit amount:			
	<b>Federal Program</b>	<b>State Program</b>	<b>Municipal Program</b>
Year 1	\$	\$	\$
Year 2	\$	\$	\$
Year 3	\$	\$	\$
Year 4	\$	\$	\$
Year 5	\$	\$	\$
TOTALS:	\$	\$	\$
Total Rehabilitation Tax Credit from all sources: \$ _____			

### Disclaimer and Signature

*The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Licensed Producer, Broker,  
or Agent: \_\_\_\_\_

License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.**