

## Supplemental Application

**Include the following with this completed & signed supplemental application:**

- ACORD applications, completed & signed
- Recent Appraisal of all Historic Buildings
- Loss Runs for current year and 5 years prior which are currently dated
- Photographs of the locations
- Descriptive brochures, publications &/or newsletters
- Statement of Values (Property)
- If autos, ACORD should include full schedule of vehicles and drivers list with full license numbers and dates of birth

### **A. GENERAL APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person for Inspection: \_\_\_\_\_

Email: \_\_\_\_\_ FEIN: \_\_\_\_\_

1. Full description of all operation(s) and types of clients served:

\_\_\_\_\_  
\_\_\_\_\_

**(Attach brochure(s) if available)**

2. Type of entity: ☐ Non-Profit ☐ Profit

3. Number of years in operation: \_\_\_\_\_ Years under present management: \_\_\_\_\_

4. How many visitors do you have on an annual basis? \_\_\_\_\_

5. Hours of Operation: \_\_\_\_\_

6. Primary funding source: \_\_\_\_\_

Annual operating budget: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_

Does the entity have: ☐ Budget Deficit ☐ Operational Reserves

If budget deficit, explain: \_\_\_\_\_

\_\_\_\_\_

7. Professional organization memberships or affiliations: \_\_\_\_\_

8. Are you accredited? ☐ Yes ☐ No

If so, by whom: \_\_\_\_\_

9. Is the property on the National Register of Historic Places? ☐ Yes ☐ No

10. Do you have a Restaurant/Cafe/Snack Bar? ☐ Yes ☐ No

If Yes, please complete the Restaurant/Food Services section of this application \_\_\_\_\_

11. Do you have a Gift Shop? ☐ Yes ☐ No

What are the annual revenues? \_\_\_\_\_

12. Do you have any live animals on your premises? ☐ Yes ☐ No

If Yes, please describe the type and number of each: \_\_\_\_\_

13. Are there swimming pools, lakes/ponds, or reflecting ponds on your premises? ☐ Yes ☐ No

## B. MANAGEMENT PRACTICES

1. Is the staff required to report to the administrator all incidences that may result in a claim? ☐ Yes ☐ No
2. Are written records of all incidences kept by the administrator? ☐ Yes ☐ No
3. Are all incidents/accidents reviewed by administrator/safety committee? ☐ Yes ☐ No
4. Do you have a formal written safety program in place with appropriate training? ☐ Yes ☐ No
- a. Emergency Evacuation Procedures (**please include a copy in the submission**) ☐ Yes ☐ No
- b. Floor Covering Maintenance Procedures ☐ Yes ☐ No
- c. Interactive Exhibits Procedures ☐ Yes ☐ No
- d. Lifting Procedures ☐ Yes ☐ No  
Maximum weight lifted \_\_\_\_\_ lbs.
- e. Fall Protection ☐ Yes ☐ No  
Maximum height worked at \_\_\_\_\_ ft.
- f. Power Tool Use Procedures ☐ Yes ☐ No
- g. Personal Protective Equipment ☐ Yes ☐ No
5. Does the facility have a written disaster recovery plan? **If Yes, attach a copy** ☐ Yes ☐ No
6. Do you require drug tests on all staff members, including drivers? ☐ Yes ☐ No
7. Do you have a plan in place for medical emergencies? ☐ Yes ☐ No
8. Is there always someone trained in CPR and first aid on the premises? ☐ Yes ☐ No
9. Do you have AED(s)? ☐ Yes ☐ No  
Are staff members trained to use? ☐ Yes ☐ No
10. What chemicals/solvents are stored on your premises for the purposes of maintenance, restoration, repair? \_\_\_\_\_  
\_\_\_\_\_
11. Do you store chemicals/solvents in EPA approved containers and in locked fire resistant cabinets? ☐ Yes ☐ No
12. Do staff members use Personal Protective Equipment when using the chemicals/solvents? ☐ Yes ☐ No
13. Is the area where chemicals/solvents are used properly ventilated? ☐ Yes ☐ No
14. Do you construct, maintain and tear down your exhibits? ☐ Yes ☐ No  
If No, do you use independent contractors? ☐ Yes ☐ No
15. If you contract for services, do you require the contractors to sign a hold harmless or indemnification agreement? ☐ Yes ☐ No  
If Yes, attach a copy of the standard agreement
- a. Are certificates of Insurance required and kept in file for those contractors? ☐ Yes ☐ No  
If Yes, what are the minimum limits of liability required? \_\_\_\_\_
16. Do you use security personnel at any of your locations? ☐ Yes ☐ No  
If Yes, are they ☐ Subcontracted ☐ Employed # Full Time: \_\_\_\_\_ # Part Time: \_\_\_\_\_
- a. Please list all locations where security personnel are used: \_\_\_\_\_
- b. If Subcontracted, please provide the name of the security firm or police department used: \_\_\_\_\_  
\_\_\_\_\_
- c. Do you obtain certificates of insurance granting you additional insured status from your subcontractors? **If Yes, attach a copy** ☐ Yes ☐ No
- d. Are security guards armed? ☐ Yes ☐ No
- e. Describe minimum requirements and training for security personnel: \_\_\_\_\_

17. Staff: Total number of employees \_\_\_\_\_ Total number of volunteers \_\_\_\_\_

POSITION	EMPLOYEES		VOLUNTEERS		CONTRACTORS		INTERNS	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Curators								
Conservators								
Clerical/Office Staff								
Docents / Guides								
Head Librarians								
Other Librarians								
Maintenance Personnel								
Researcher								
Research Assistants								
Retail Employees								
Restaurant Workers								
Security Guards								
Teachers/Facilitators								
Other Positions (specify):								
Other Positions (specify):								

18. What is the annual turnover rate of your employees? ☐ 0-10% ☐ 11-15% ☐ >15%

19. Is there an Employee Handbook spelling out procedures and expectations? ☐ Yes ☐ No

20. Do you perform pre-hire or post-hire drug and alcohol screening? ☐ Yes ☐ No

21. Do you offer health benefits to full time employees? ☐ Yes ☐ No

### C. SCHOOL PROGRAMS ☐ N/A

1. Do you have any educational programs for school groups? ☐ Yes ☐ No

If Yes, do these take place solely on your premises? ☐ Yes ☐ No

2. Is there one staff member who is responsible for the school programs? ☐ Yes ☐ No

3. Do teachers and chaperones accompany groups who visit your organization? ☐ Yes ☐ No

4. What kind of educational programs do you offer?

☐ During School ☐ After School ☐ Vacation ☐ Overnight ☐ Camps ☐ Internships ☐ Apprenticeships

☐ Other: \_\_\_\_\_

5. Do any school groups or local groups stay overnight? ☐ Yes ☐ No

6. Number of On Premises School groups per year: \_\_\_\_\_

a. Average Number of students per group: \_\_\_\_\_

7. Number of Off Premises School programs per year: \_\_\_\_\_

a. Average Number of students per group: \_\_\_\_\_

### D. ABUSE AND MOLESTATION: ☐ N/A

1. Does your current insurance program include coverage for Sexual Abuse and Molestation? ☐ Yes ☐ No

If Yes, what are the limits? \_\_\_\_\_

a. What type of coverage form: ☐ Occurrence ☐ Claims-made (retro date:\_\_\_\_\_)

2. Are formal written procedures in place for staff hiring? ☐ Yes ☐ No

3. Do you require your staff to complete an employment application? ☐ Yes ☐ No

4. Does your staff employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? ☐ Yes ☐ No

5. Does Insured run criminal background checks for employees? ☐ Yes ☐ No  
For volunteers? ☐ Yes ☐ No
6. Do you verify employment related references? ☐ Yes ☐ No  
What actions do you take if any of these reports are unfavorable? \_\_\_\_\_
7. Do you have a written procedure for dealing with physical and sexual abuse? ☐ Yes ☐ No  
If Yes, **please attach a copy.**
8. Do you have a plan for supervision that monitors staff in day-to-day relationships with visitors/school groups both on and off premises? ☐ Yes ☐ No
9. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations? ☐ Yes ☐ No
10. Is there documented formal staff training on child/sexual abuse, including how to recognize the signs and how to report a known or suspected incident? ☐ Yes ☐ No
11. Have any claims been filed or allegations been made against your organization, or anyone working on behalf of your organization alleging sexual or physical abuse or molestation? ☐ Yes ☐ No  
If Yes, explain (include dates of allegation or claim, number of claimants, case tried, or settled indemnity & defense costs, etc):  
\_\_\_\_\_  
\_\_\_\_\_
12. Indicate annual number of visitors in each age range for all programs:  
0-8 years:\_\_\_\_\_ 9-18 years:\_\_\_\_\_ over 18 years:\_\_\_\_\_

**E. AUTOMOBILE:** ☐ N/A

1. Are all vehicles listed on the ACORD application titled to the applicant? ☐ Yes ☐ No  
If No, please explain: \_\_\_\_\_
2. Who uses the company vehicles? \_\_\_\_\_
3. How much travel does your staff do? ☐ Limited & Intrastate ☐ Extensive and/or Out of State
4. Is there a formal safety policy in place? ☐ Yes ☐ No
5. Is there a formal Driver Distraction Program? ☐ Yes ☐ No  
(i.e. no texting, phone calls, emails while driving)
6. Is there a formal Accident Analysis Program in place? ☐ Yes ☐ No
7. Do you obtain MVR's on every driver? ☐ Yes ☐ No  
If Yes, how often? \_\_\_\_\_
8. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:
- a. More than 2 moving violations and/or accidents within a 3 year period? ☐ Yes ☐ No
- b. Reckless driving, DUI or any felony driving conviction within the past 5 years? ☐ Yes ☐ No
9. Are any drivers under 21 or over 70 years of age? ☐ Yes ☐ No
10. Is training provided for new employees/volunteers prior to their driving? ☐ Yes ☐ No
11. Do you allow personal use of your owned vehicles? ☐ Yes ☐ No  
If Yes, by whom and for what reasons? \_\_\_\_\_
12. How many drive personal vehicles for business use occasionally? F/T:\_\_\_\_\_ P/T:\_\_\_\_\_ Volunteers:\_\_\_\_\_
13. Explain what purpose Employees or Volunteers use their own autos on behalf of the organization: \_\_\_\_\_  
\_\_\_\_\_

**F. HIRED AND NON-OWNED AUTO:** ☐ N/A

1. Are any vehicles leased or hired? ☐ Yes ☐ No  
If Yes, describe what types, what uses and how often: \_\_\_\_\_
2. Do you hire from a transportation company? ☐ Yes ☐ No  
If Yes, with drivers? ☐ Yes ☐ No
3. Total number of hired vehicles: \_\_\_\_\_ Annual cost of hire: \_\_\_\_\_
4. How many drive personal vehicles for business use regularly? F/T: \_\_\_\_\_ P/T: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
How many drive personal vehicles for business use occasionally? F/T: \_\_\_\_\_ P/T: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
How many drive personal vehicles to transport clients? F/T: \_\_\_\_\_ P/T: \_\_\_\_\_ Volunteers: \_\_\_\_\_
5. Do you require your employees/volunteers that use their own autos to carry and provide evidence of personal auto insurance? ☐ Yes ☐ No
6. Please indicate minimum limits of personal auto limits required: \_\_\_\_\_
7. Is proof of personal auto insurance required on a renewal basis? ☐ Yes ☐ No
8. Explain what purpose Employees or Volunteers use their own autos on behalf of the organization: \_\_\_\_\_  
\_\_\_\_\_

**G. SPECIAL EVENTS/FUNDRAISERS:**

(If any event has more than 100 attendees, please complete a separate Special Events/Fundraising Supplemental Application)

1. How many Special Event/Fundraisers do you hold annually at your Facility? \_\_\_\_\_

2.

NAME & DESCRIPTION OF EVENT	DATE OF EVENT	HOURS OF EVENT	# ATTENDEES	ALCOHOL SERVED?	CATERED?	# STAFF ON HAND	
				Y/N	Y/N	STAFF	VOL
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

3. Are Certificates of Insurance obtained from all vendors and do they name you as an additional Insured on their general liability policy? ☐ Yes ☐ No
4. Describe your overall security measures for these events? \_\_\_\_\_  
\_\_\_\_\_

**H. FOOD SERVICES:** ☐ N/A

1. What type of Restaurant/Food Service do you provide?

☐ Full Service Restaurant with alcohol ☐ Snack Bar ☐ Cafeteria/Buffer ☐ Full Service Restaurant without alcohol

☐ Other \_\_\_\_\_

2. Revenues/Sales

YEAR	FOOD SALES	ALCOHOL SALES	TOTAL

3. Is the Food Service operation owned by the Cultural Institution or leased out to a vendor? \_\_\_\_\_

4. How long has the current Food Service Management been in place? \_\_\_\_\_

5. Hours of Operation: \_\_\_\_\_

6. Is there a bar or lounge area? ☐ Yes ☐ No

7. Is there Valet Parking? ☐ Yes ☐ No

8. Are MVR's checked on all Valet Drivers? ☐ Yes ☐ No

9. What is the seating capacity of your restaurant(s)? \_\_\_\_\_

10. What is the approximate age mix of your customers?  
\_\_\_\_\_ % <25 yrs. old; \_\_\_\_\_ % 26-50 yrs. old; and \_\_\_\_\_ % over 50 yrs. old

11. If alcohol is served, are all servers TIPS Trained? ☐ Yes ☐ No

12. Is there a consistent process for checking customers ID's? ☐ Yes ☐ No

13. Does the Restaurant have a procedure for dealing with unruly customers? ☐ Yes ☐ No

**I. COOKING/FOOD PREPARATION** ☐ N/A

1. The Cooking Equipment is: ☐ Electric ☐ Gas ☐ Propane ☐ Natural Gas

2. Cooking Equipment is equipped with:

☐ Hoods ☐ Ducts ☐ Exhaust Fans ☐ Deep Fat Fryers ☐ Fire Suppression System ☐ Automatic Fuel Shutoff Controls

☐ No Protection ☐ Other \_\_\_\_\_

3. Is there a cleaning/maintenance contract for the Ducts/Exhaust Vents/Ducts? ☐ Yes ☐ No

If Yes, what is the frequency of cleaning? \_\_\_\_\_

4. Is the system UL 300/NFPA Compliant? ☐ Yes ☐ No

5. Are there Fire Extinguishers in the cooking area? ☐ Yes ☐ No

6. Do the Grills have grease traps? ☐ Yes ☐ No

7. Does the restaurant store flammables (i.e. paper goods, alcohol) away from the kitchen area (ignition source)? ☐ Yes ☐ No

8. Do all deep fat fryers have high limit switches? ☐ Yes ☐ No

9. Is there a Quality Control Program in place that addresses food spoilage? ☐ Yes ☐ No

10. Does all refrigeration equipment have:

a. Temperature alarms? ☐ Yes ☐ No

b. Back-up generators? ☐ Yes ☐ No

**J. FACILITIES RENTAL:** ☐ N/A

1. Is a written lease required for every rental? ☐ Yes ☐ No
2. What are your gross receipts from all rental operations? \$ \_\_\_\_\_
3. What activities are offered to rental groups? \_\_\_\_\_

Do you provide supervision of any of these activities? ☐ Yes ☐ No

If Yes, which activities? \_\_\_\_\_

4. Are all safety requirements spelled out in writing in the lease agreement? ☐ Yes ☐ No
5. When leasing to a business entity or group do you obtain Certificates of Insurance with liability limits of at least \$1 million? ☐ Yes ☐ No
- If Yes, are you named as an additional Insured on the lessee's liability insurance policy? ☐ Yes ☐ No

**K. TRIPS/FIELD TRIPS/TRAVEL:** ☐ N/A

1. How many trips are sponsored each year? \_\_\_\_\_
2. Are all trips within the United States, U.S. Territories, or Canada? ☐ Yes ☐ No

If No, explain:

3. Do any trips last more than one day? ☐ Yes ☐ No

If Yes, describe length of time, destination(s) and purpose:

4. Are signed permission and waiver agreements obtained from the parent of each participant for each trip? ☐ Yes ☐ No
5. Do all participants wear identification tags or identifiable clothing on all trips? ☐ Yes ☐ No
6. Is there a policy regarding emergencies and trained personnel on all trips? ☐ Yes ☐ No

Do you have concussion protocols? ☐ Yes ☐ No

If Yes, provide details: \_\_\_\_\_

Do you provide trampolines or other bouncing devices? ☐ Yes ☐ No

If Yes, describe type: \_\_\_\_\_

Describe how access is controlled: \_\_\_\_\_

Describe controls to monitor and supervise activity: \_\_\_\_\_

Do you provide therapeutic horseback riding? ☐ Yes ☐ No

Must attach a copy of the rider's registration form and any/all medical and/or liability release forms.

Are liability waivers signed by all parents and guardians? ☐ Yes ☐ No

If you own a riding facility, do you allow public access or provide boarding services for other's horses? ☐ Yes ☐ No

#### **L. PANDEMIC AND COMMUNICABLE DISEASE:**

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No
- a. Do your procedures address:
- i. Staffing ☐ Yes ☐ No
  - ii. Training ☐ Yes ☐ No
  - iii. Personal protective equipment ☐ Yes ☐ No
  - iv. Client care ☐ Yes ☐ No
  - v. Vendors/visitors ☐ Yes ☐ No
  - vi. Internal & external communication ☐ Yes ☐ No
  - vii. Maintenance of premises and vehicles ☐ Yes ☐ No
  - viii. CDC guidelines and recommendations ☐ Yes ☐ No
- b. Please provide a copy of your written procedures
2. Have you ever had to implement those procedures? ☐ Yes ☐ No
- a. If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **COMMENTS**

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#### **DECLARATION AND SIGNATURE**

##### **Authorized Entity Representative Designation**

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

**Named Individual:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

##### **Attestation**

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

##### **Signature of Authorized**

**Entity Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The Hanover Insurance Company  
440 Lincoln Street, Worcester, MA 01653

hanover.com  
The Agency Place (TAP)—<https://tap.hanover.com>

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