

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.

- | | |
|--|--|
| <input type="checkbox"/> Estimated attendance <u>more than 300 people</u>
<input type="checkbox"/> Aircraft or watercraft (motorized or not)
<input type="checkbox"/> Animals
<input type="checkbox"/> Athletic participation (e.g., rope courses, climbing walls, marathons, etc.)
<input type="checkbox"/> Fireworks Sales or Fireworks Show
<input type="checkbox"/> None of the above apply | <input type="checkbox"/> Haunted House
<input type="checkbox"/> Home Tours
<input type="checkbox"/> Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides)
<input type="checkbox"/> Parade-participation or sponsorship
<input type="checkbox"/> 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: _____