



# NON-PROFIT MUSEUMS and PRIVATE LIBRARIES APPLICATION

(To be attached to ACORD applications)

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-431-1270 Fax: 804-527-7966

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. \_\_\_\_\_  
 \_\_\_\_\_

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## 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit:  
<http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_