



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$ _____	EMPLOYEE BENEFITS LIABILITY	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	DEDUCTIBLE PER CLAIM:	\$ _____
PERSONAL & ADVERTISING INJURY	\$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	\$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____		

6. Does applicant subcontract work?..... Yes No
 If so, state type: _____
 What is the cost (labor & materials) of subcontracted work? \$ _____
 Are Certificates of Insurance required from all subcontractors?..... Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE
RATING AND PREMIUM BASIS (P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical) (C) TOTAL COST – PER \$1,000 / COST (U) UNIT – PER UNIT (S) GROSS SALES – PER \$1,000 / SALES (A) AREA – PER 1,000 / SQ FT (M) ADMISSIONS – PER 1,000 / ADM (T) OTHER				

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				



Animal Services Program Supplemental Application
(Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____
 Agent: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Property Damage Extension limits [GLS(HI)-55s]:

- \$ 500 Occurrence/\$1,000 Aggregate (Included)
- \$1,000 Occurrence/\$2,500 Aggregate
- \$2,500 Occurrence/\$5,000 Aggregate

2. Indicate annual sales, total number of kennels and average daily number of animals for each applicable exposure:

Kennels: Kennel is defined as "each individual compartment" used for housing an animal.	Annual Sales	Total No. of Kennels	Average Daily No. of Animals
• Animal Adoption Service	\$		
• Animal Hotel and/or Pet Day Care Center	\$		
• Animal Shelter	\$		
• Breeding, Boarding or Sales	\$		
• Humane Society	\$		
• Rescue Shelter	\$		
• Other: _____	\$		
• Gift and/or Thrift Shops	\$		

3. Indicate annual sales or N/A (not applicable) for each of the following described operations/services:

Description of Operations/Services	Annual Sales
Animal Catchers: • Advise type of animals: _____ _____	\$
Animal Rescue Services	\$
Animal Rides Incl. Sleigh/Carriage Ride	\$
Animal Shows or Contests	\$
Behavioral/Psychiatry Consultants	\$
Excrement and/or Carcass Removal Services	\$
Horseback Riding Instruction	\$
Horseback Riding Therapy	\$
Livestock:	\$
• Artificial Insemination Services	\$
• Auction	\$
• Breeding	\$
• Dealers	\$
• Other: _____	\$
Pet Grooming Incl. Mobile Grooming	\$
Pet Sitters	\$
Pet Store	\$
Pet Walkers	\$
Petting Zoo/Zoos/Wildlife Reserves	\$
Pony Sweeps	\$

Description of Operations/Services	Annual Sales
Riding Academies	\$
Stables (boarding, livery or racing)	\$
Therapy Dog Services	\$
Training Operations:	
• Bedbugs/Termites	\$
• Drugs, Explosives or Firearms Detection	\$
• Exotic Animal Training for use in TV, Movie, Commercials, Videos or Theatrical Shows	\$
• Guard Animal Operations No. of Animals: _____	\$
• Guard Animal Training	\$
• Guide/Companion Animal Training	\$
• Horse Training	\$
• Hunting Dog Training	\$
• Medical Conditions	\$
• Mold	\$
• Obedience Schools	\$
• Therapy Dog Training	\$
Veterinarian Services	\$
Veterinary Hospitals or Clinics	\$
Other: _____ _____	\$

4. Does applicant provide foster care services? Yes No

- a. Annual receipts from foster care: _____
- b. Average daily number of animals in foster homes: _____
- c. Maximum number of foster animals per home at any one time: _____
- d. Average daily number of foster homes participating: _____
- e. Do all foster homes have a fenced yard? Yes No
- f. Does applicant have foster care guidelines? Yes No
If yes, attach with submission.

5. Does applicant provide therapy dog services? Yes No

- a. Have all dogs used in this service passed the American Kennel Clubs Canine Good Citizen Test or equivalent and have additional required training to have certification/title as a Therapy Dog? Yes No
- b. Name of organization or association that has provided certification: _____

6. Is applicant licensed by the United States Department of Agriculture (USDA)? Yes No

If yes, provide license number: _____

7. Does applicant follow the practices and regulations of the Animal Welfare Act? Yes No

8. Check all organizations in which the applicant is a member of:

- American Animal Hospital Association (AAHA)
- American Boarding Kennels Association (ABKA)
- American Humane Association (AHA)
- American Society for the Prevention of Cruelty to Animals (ASPCA)
- American Veterinary Medical Association (AVMA)
- Humane Society of the United States (HSUS)
- Intergrom
- National Association of Dog Obedience Instructors
- National Association of Professional Pet Sitters
- National Dog Groomers Association of America, Inc. (NDGAA)
- Pet Industry Joint Advisory Council
- Society of Dog Trainers
- Other—Describe: _____

9. Does applicant import animals? Yes No

If yes, is applicant a licensed customs importer subject to regulation by the U.S. Department of Customs?..... Yes No

10. Breeding:

Type of animal: Dog Cat Other—Describe: _____

Breed(s): _____

Number of litters sold per year: _____

Total number of animals sold per year: _____

11. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

12. Does applicant have any other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.