

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

**ANIMAL RELATED SERVICES SUPPLEMENTAL APPLICATION  
 Pet Grooming, Sitting or Training or Breeding or Boarding Kennels**

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____	_____ _____ _____
<b>BUSINESS NAME OR TRADING NAME:</b> _____	<b>APPLICANT'S PHONE NUMBER:</b> _____ <b>APPLICANT'S WEB ADDRESS:</b> _____
<b>PROPOSED POLICY PERIOD:</b> _____ <b>TO:</b> _____	<b>INSPECTION CONTACT:</b> _____ <b>CONTACT PHONE NUMBER:</b> _____

Supplemental Application to accompany fully completed ACORD application or its equivalent. Must answer all questions  
 The application must be signed and dated by the Applicant.

**GENERAL UNDERWRITING INFORMATION:**

- Number of owners: \_\_\_\_\_
- If services or operations exist for any of the following, **check all that apply and include details under remarks**, or:  N/A
  - Animals used/bred for show  Animal Removal Contractor – pest / varmint control
  - Animal shelter - intake and adoption  Care, service, or breeding of Exotic animals
  - Animal Control Agency  Sanctuary for displaced or abandoned animals
- If you permit volunteer workers to assist in the care or fostering of animals **explain under remarks**, or: \_\_\_\_\_  N/A
- How do you secure animals to prevent accidental release while walking or transferring the animal to a vehicle or location?  
 \_\_\_\_\_
- How do you secure the animals to prevent accidental release while on premises?  
 \_\_\_\_\_
- Do you allow employees to take animals home? \_\_\_\_\_  Yes  No

**FULL DETAILS FOR ANY NO RESPONSE OR WHERE REQUESTED MUST BE  
 INCLUDED IN THE REMARKS SECTION BELOW**

**OPERATIONS:**

- BREEDING KENNEL: complete the following, or:** \_\_\_\_\_  N/A
  - Domestic Dogs or Cats – List Breed(s) \_\_\_\_\_
  - Other - Type: \_\_\_\_\_
  - Estimated annual gross receipts: \_\_\_\_\_ Estimated number of animals sold annually: \_\_\_\_\_
  - Dedicated on-site commercial kennel facility Number of kennels: \_\_\_\_\_
  - In-Home Breeder Number of breeding stock: \_\_\_\_\_
  - There have been no incidents where an animal has shown signs of aggression towards a visitor, customer or other invitee (regardless of whether physical injury occurred): \_\_\_\_\_  Yes  No
  - The facility is inspected and meets all license requirements: \_\_\_\_\_  Yes  No
  - The public is restricted from access to the breeding area: \_\_\_\_\_  Yes  No
  - Adult males are controlled during breeding process when stud services are provided: \_\_\_\_\_  Yes  No

A written Bill of Sale Agreement is executed for each transaction: .....  Yes  No

The written agreement includes the following (check all that apply):

- Disclaimer/waiver of temperament guarantee  Remedies including refund/exchange policy
- Shipping and transportation limitations  Good faith spay or neuter policy
- Co-ownership rights  Failure to comply
- Health contingent upon veterinarian examination  Disclaimer of merchantability, breed standards, or show quality

2. **BOARDING KENNEL (other than animals held for sale)** (see Pet Sitting for off-site) **Complete the following, or:**  N/A

Number of kennels or stalls: ..... Estimated annual gross receipts:.....

- Domestic Dogs or Cats – List Breed(s) \_\_\_\_\_
- Other - Type: \_\_\_\_\_

The facility is inspected and meets all license requirements: .....  Yes  No

The public is restricted from access to the boarding area: .....  Yes  No

A written Boarding Agreement is required prior to accepting an animal to the kennel: .....  Yes  No

The written Boarding Agreement includes the following:

- Copies of current vaccination records required  Feeding and grooming instructions
- Emergency personal contact information  Exercise schedule
- Emergency veterinarian contact  Medication type and administration schedule

A written action plan is in place when an animal shows signs of aggression towards an animal or invitee: .....  Yes  No

Provide detail in the remarks section below:

3. **OBEDIENCE OR TRAINING FACILITY - Complete the following, or:** .....  N/A

**Check all that apply and provide complete detailed information for each service in the remarks section below:**

- Aggressive breed temperament/socialization  Police K-9
- Guard or Security/Patrol  Show / Conformation
- Guide dog or Handicap Personal Assistance  Specialty detection:  drug  explosive  insects  medical alert
- Household pets – Basic obedience  Specialty services: Search & rescue, Emotional Companion, Therapy

Other: \_\_\_\_\_  
No drugs or medications are administered to assist in the training process: .....  Yes  No

4. **PET GROOMING - Complete the following, or:** .....  N/A

Type of animals: \_\_\_\_\_

Number of groomers: ..... Estimated annual gross receipts: .....

All employees meet license requirements: .....  Yes  No

Customers are not permitted to assist during grooming, or have access to the grooming area: .....  Yes  No

No drugs or medications are administered during the grooming process to sedate the animal: .....  Yes  No

The facility is not a pet grooming school: .....  Yes  No

The facility is not affiliated with any training institute internship program: .....  Yes  No

5. **PET SITTING AWAY FROM PREMISES** (See Boarding Kennel for on-site) - **Complete the following, or:** .....  N/A

Type of animals: \_\_\_\_\_

Number of pet sitters: ..... Estimated annual gross receipts:.....

Do you maintain a performance bond? .....  Yes  No

Services offered do not include sitting or care for injured animals, or those that require acute medical care: ..  Yes  No

A written Service Agreement is executed with every customer: .....  Yes  No

The written Service Agreement includes the following (check all that apply):

- Feeding and grooming instructions  Emergency veterinarian contact
- Emergency personal contact information  Exercise schedule

If you also provide house-sitting or other personal assistant duties, **check all that apply; or** .....  N/A

- Babysitting or Nanny Services
- Financial management (bill paying, investments)
- Handyman Services (other than pool or lawn care)

- Security Patrol or Alarm Monitoring
- Transportation services
- Winterization of homes, including snow removal

Other: \_\_\_\_\_

**ADDITIONAL EXPOSURES:**

1. If you lease any portion of your premises to others **check all that apply, or:** .....  N/A

Please fully complete this section:                      Number Of:                      Square Foot Area Leased                      Written Lease Agreement                      Certificate Of Insurance on file                      Included as an Additional Insured

<input type="checkbox"/> Pet Groomer	____ Groomers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pet Hotel	____ Kennels	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pet Trainer	____ Trainers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veterinarians (not employed by you)	____ Vets/techs	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other ( <b>describe below</b> )	____ # of Units	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Describe any Special Event sponsored by you or on your behalf in the remarks section below, or: .....  N/A  
**Request and complete a Special Event Supplemental Application**

3. Describe all pet related products sold by you or on your behalf in the remarks section below, or: .....  N/A  
 Provide the estimated annual gross receipts for the following:  
**Products Manufactured By Others Sold By You or:** .....  N/A  
 Animal/Pet products not drugs/pharmaceuticals: ..... \$ \_\_\_\_\_  
 Medical/Drug/Pharmaceutical Preparations: ..... \$ \_\_\_\_\_  
**\*Products Sold or Distributed Under Your Own Label or:** .....  N/A  
 Animal/Pet products not drugs/pharmaceuticals: ..... \$ \_\_\_\_\_  
 Medical/Drug/Pharmaceutical Preparations: ..... \$ \_\_\_\_\_

**\*Request and complete a Product Liability Supplemental Application**

All products are manufactured domestically: .....  Yes  No

**REMARKS\*:**

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**\*ADD AN ADDITIONAL PAGE IF NECESSARY. PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material

facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

#### **FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** 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.

**Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Florida:** 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.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**New York:** 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** 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.

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

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date