

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. Telephone: _____ Fax: _____

Website: _____

5. Contact person/phone #: _____ Inspection: _____

Accounting/Records: _____

6. Business Type: Individual Partnership Corporation LLC Trust

Other (specify): _____

7. Operating as: For Profit Nonprofit Other: _____

8. Interest of Named Insured in premises: Owner General Lessee Tenant

Other: _____

9. Part occupied by Named Insured: Entire Portion (%) Other (Lessor's Risk Only)

10. Effective Date Desired: From: _____ To: _____ Term Desired: _____

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary See Loss Runs Attached

Missouri Applicants: **DO NOT** answer this question.
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Check if Claims-Made	Description of Loss
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

UNDERWRITING INFORMATION

1. Describe all business operations conducted by you:

2.

Description of Operation/Services	Annual Sales
Pet Grooming	\$
Pet Training	\$
Kennels – breeding, boarding, sales or pet sitting	\$

3. Indicate if you are a member of any of the following organizations:

<input type="checkbox"/> American Animal Hospital Association	<input type="checkbox"/> Intergrom
<input type="checkbox"/> American Boarding Kennels Association	<input type="checkbox"/> National Association of Dog Obedience Instructors
<input type="checkbox"/> American Humane Association	<input type="checkbox"/> National Association of Professional Pet Sitters
<input type="checkbox"/> American Veterinary Medical Association	<input type="checkbox"/> National Dog Groomers Association of America, Inc.
<input type="checkbox"/> American Society for the Prevention of Cruelty to Animals	
<input type="checkbox"/> Humane Society of the United States	<input type="checkbox"/> Pet Industry Joint Advisory Counsel
<input type="checkbox"/> Society of Dog Trainers	<input type="checkbox"/> Other: _____

	Yes	No
4. Do you import animals? If yes, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you provide training of animals? If yes, provide the following: a. Do you train sightseeing dogs? <input type="checkbox"/> <input type="checkbox"/> b. Do you train security dogs/animals? <input type="checkbox"/> <input type="checkbox"/> c. Indicate other types of training offered: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you board animals? If yes, provide details of boarding: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Kennels: Types of animals: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other - describe: _____ Breed(s): _____ Number of litters sold per year: _____ Total Number of animals sold per year: _____		
8. Do you offer any of the following services: a. Animal Shelter <input type="checkbox"/> <input type="checkbox"/> b. Humane Society <input type="checkbox"/> <input type="checkbox"/> c. Foster Care <input type="checkbox"/> <input type="checkbox"/> d. Animal Hotel <input type="checkbox"/> <input type="checkbox"/> e. Pet Day Care Center <input type="checkbox"/> <input type="checkbox"/> f. Pet Sitting <input type="checkbox"/> <input type="checkbox"/> If yes to any of the above services, provide details: _____	Yes	No
9. Do you employ a veterinarian? If yes, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you provide a contract for your customers? If yes, include a copy.	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you in compliance with all applicable laws and ordinances pertaining to licensing and/or codes? If no, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>

FRAUD STATEMENTS

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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature	Title	Date
Producer Signature	Date	

Producer Name and Address