



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

SUPPLEMENTAL ANIMAL GROOMING AND VETERINARIAN APPLICATION

1. Applicant's Name: _____
2. Do you provide special obedience or attack dog training services? _____
3. Do you have any involvement with thoroughbreds, commercial farming, ranching, or exotic animals? If so, explain. _____

4. Gross Receipts _____ Payroll _____ Other _____
5. What is the square footage of the premises that you occupy? _____ Sq. ft.
6. State any degree or certification achieved involving your occupation. _____

State any special licenses or certificates required by any federal, state or local municipality.

Are the insured, partners and employees all currently licensed? _____
Has your license ever been revoked or suspended? If so, explain. _____

7. Are you in private practice? _____ Or employee? _____
8. State any professional organization membership _____

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date