

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
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>
<b>BUSINESS NAME OR TRADING NAME:</b> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	<b>APPLICANT'S PHONE NUMBER:</b> _____ <b>APPLICANT'S WEB ADDRESS:</b> _____ <b>INSPECTION CONTACT:</b> _____ <b>CONTACT PHONE NUMBER:</b> _____
<b>PROPOSED POLICY PERIOD:</b> _____ <b>TO:</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:

1. Number of owners: \_\_\_\_\_
2. If services or operations exist for any of the following, **check all that apply and include details under remarks**, or: ☐ N/A
 

<input type="checkbox"/> Animals used/bred for show	<input type="checkbox"/> Animal Removal Contractor – pest / varmint control
<input type="checkbox"/> Animal shelter - intake and adoption	<input type="checkbox"/> Care, service, or breeding of Exotic animals
<input type="checkbox"/> Animal Control Agency	<input type="checkbox"/> Sanctuary for displaced or abandoned animals
3. If you permit volunteer workers to assist in the care or fostering of animals **explain under remarks**, or: \_\_\_\_\_ ☐ N/A
4. How do you secure animals to prevent accidental release while walking or transferring the animal to a vehicle or location?  
 \_\_\_\_\_
5. How do you secure the animals to prevent accidental release while on premises?  
 \_\_\_\_\_
6. 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 :

1. **BREEDING KENNEL: complete the following, or** \_\_\_\_\_ ☐ N/A
 

<input type="checkbox"/> Domestic Dogs or Cats – List Breed(s) _____	
<input type="checkbox"/> Other - Type: _____	
Estimated annual gross receipts: _____	Estimated number of animals sold annually: _____
<input type="checkbox"/> Dedicated on-site commercial kennel facility	Number of kennels: _____
<input type="checkbox"/> 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):

- |  |  |
|--|--|
| <input type="checkbox"/> Disclaimer/waiver of temperament guarantee      | <input type="checkbox"/> Remedies including refund/exchange policy                       |
| <input type="checkbox"/> Shipping and transportation limitations         | <input type="checkbox"/> Good faith spay or neuter policy                                |
| <input type="checkbox"/> Co-ownership rights                             | <input type="checkbox"/> Failure to comply   |
| <input type="checkbox"/> Health contingent upon veterinarian examination | <input type="checkbox"/> 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Copies of current vaccination records required | <input type="checkbox"/> Feeding and grooming instructions           |
| <input type="checkbox"/> Emergency personal contact information         | <input type="checkbox"/> Exercise schedule                           |
| <input type="checkbox"/> Emergency veterinarian contact                 | <input type="checkbox"/> 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Aggressive breed temperament/socialization | <input type="checkbox"/> Police K-9  |
| <input type="checkbox"/> Guard or Security/Patrol                   | <input type="checkbox"/> Show / Conformation   |
| <input type="checkbox"/> Guide dog or Handicap Personal Assistance  | <input type="checkbox"/> Specialty detection: <input type="checkbox"/> drug <input type="checkbox"/> explosive <input type="checkbox"/> insects <input type="checkbox"/> medical alert |
| <input type="checkbox"/> Household pets – Basic obedience           | <input type="checkbox"/> 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):

- |   |   |
|---|---|
| <input type="checkbox"/> Feeding and grooming instructions      | <input type="checkbox"/> Emergency veterinarian contact |
| <input type="checkbox"/> Emergency personal contact information | <input type="checkbox"/> Exercise schedule              |

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

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

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

2. Describe any Special Event sponsored by you or on your behalf in the remarks section below, or: ..... ☐ N/A

3. Describe all pet related products sold by you or on your behalf in the remarks section below, or: ..... ☐ N/A

**Products Manufactured By Others Sold By You or:** ..... ☐ N/A

Medical/Drug/Pharmaceutical Preparations: ..... \$ \_\_\_\_\_

Animal/Pet products not drugs/pharmaceuticals: ..... \$ \_\_\_\_\_

Medical/Drug/Pharmaceutical Preparations: ..... \$ \_\_\_\_\_

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

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

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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.

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Producer's Signature

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Date

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Applicant's Signature

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Date