

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
_____ _____ _____ _____ Business Name or Trading Name: _____ _____ Proposed Policy Period: _____ to: _____	_____ _____ _____ Applicant's Phone Number: _____ Applicant's Web Address: _____ Inspection Contact: _____ Contact Phone Number: _____

**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

<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
- 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

<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):

- 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

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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: 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.

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

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

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: 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.

Ohio

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.

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date