



ANIMAL SERVICES PROGRAM SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____

 Agent No.: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Property Damage Extension limits (GLS(HI)-55s):

- \$ 500 Occurrence/\$1,000 Aggregate (Included)
- \$1,000 Occurrence/\$2,500 Aggregate
- \$2,500 Occurrence/\$5,000 Aggregate

2. Indicate annual sales, total number of kennels and average daily number of animals for each applicable exposure:

Kennels: Kennel is defined as "each individual compartment" used for housing an animal.	Annual Sales	Total No. of Kennels	Average Daily No. of Animals
• Animal Adoption Service	\$		
• Animal Hotel and/or Pet Day Care Center	\$		
• Animal Shelter	\$		
• Breeding, Boarding or Sales	\$		
• Humane Society	\$		
• Rescue Shelter	\$		
• Other:	\$		
• Gift and/or Thrift Shops	\$		

3. Indicate annual sales or N/A (not applicable) for each of the following described operations/services:

Description of Operations/ Services	Annual Sales	Description of Operations/ Services	Annual Sales
Animal Catchers: • Advise type of animals:	\$	Petting Zoo/Zoos/Wildlife Reserves	\$
Animal Microchipping	\$	Pony Sweeps	\$
Animal Rescue Services	\$	Riding Academies	\$
Animal Rides Including Sleigh/ Carriage Ride	\$	Stables (boarding, livery or racing)	\$
Animal Shows or Contests	\$	Training Operations:	
Equine Therapy	\$	• Bedbugs/Termites	\$
Behavioral/Psychiatry Consultants	\$	• Drugs, Explosives or Firearms Detection	\$
Excrement and/or Carcass Removal Services	\$	• Exotic Animal Training for use in TV, Movie, Commercials, Videos or Theatrical Shows	\$
Horseback Riding Instruction	\$	• Guard Animal Operations No. of Animals:	\$
Horseback Riding Therapy	\$	• Guard Animal Training	\$
Livestock:		• Guide/Companion Animal Training	\$
• Artificial Insemination Services	\$	• Horse Training	\$
• Auction	\$	• Hunting Dog Training	\$
• Breeding	\$	• Medical Conditions	\$
• Dealers	\$	• Mold	\$
• Other:	\$	• Obedience Schools	\$
Pet Grooming Including Mobile Grooming	\$	Veterinarian Services	\$
Pet Sitters	\$	Veterinary Hospitals or Clinics	\$
Pet Store	\$	Other:	\$
Pet Walkers	\$		

4. Does applicant provide foster care services?..... Yes No

- a. Annual receipts from foster care: _____
- b. Average daily number of animals in foster homes: _____
- c. Maximum number of foster animals per home at any one time: _____
- d. Average daily number of foster homes participating: _____
- e. Do all foster homes have a fenced yard? Yes No
- f. Does applicant have foster care guidelines? Yes No
If yes, attach with submission.

5. Does applicant provide therapy animal services?..... Yes No

If yes, type of animal(s): _____
Provide number of volunteers _____

6. Is applicant licensed by the United States Department of Agriculture (USDA)? Yes No

If yes, provide license number: _____

7. Does applicant follow the practices and regulations of the Animal Welfare Act? Yes No

8. Check all organizations in which the applicant is a member of:

- American Animal Hospital Association (AAHA)
- American Boarding Kennels Association (ABKA)
- American Humane Association (AHA)
- American Society for the Prevention of Cruelty to Animals (ASPCA)
- American Veterinary Medical Association (AVMA)
- Humane Society of the United States (HSUS)
- Intergrom
- National Association of Dog Obedience Instructors
- National Association of Professional Pet Sitters
- National Dog Groomers Association of America, Inc. (NDGAA)
- Pet Industry Joint Advisory Council
- Society of Dog Trainers
- Other—Describe: _____

9. Does applicant import animals? Yes No

If yes, is applicant a licensed customs importer subject to regulation by the U.S. Department of Customs? Yes No

10. Breeding:

Type of animal: Dog Cat Other—Describe: _____

Breed(s): _____

Number of litters sold per year: _____

Total number of animals sold per year: _____

11. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

12. Does applicant have any other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.



FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

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.