**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 | $ |
| Pony Sweeps | $ |
| Riding Academies | $ |
| Animal Microchipping | $ | Stables (boarding, livery or racing) | $ |
| Animal Rescue Services | $ | Training Operations: |  |
| Animal Rides Including Sleigh/ Carriage Ride | $ | • Bedbugs/Termites | $ |
| • Drugs, Explosives or Firearms Detection | $ |
| Animal Shows or Contests | $ |
| Equine Therapy | $ | • Exotic Animal Training for use in TV, Movie, Commercials, Videos or Theatrical Shows | $ |
| Behavioral/Psychiatry Consultants | $ |
| Excrement and/or Carcass  Removal Services | $ |
| • Guard Animal Operations No. of Animals: | $ |
| Horseback Riding Instruction | $ |
| Horseback Riding Therapy | $ | • Guard Animal Training | $ |
| Livestock: |  | • Guide/Companion Animal  Training | $ |
| • Artificial Insemination Services | $ |
| • Auction | $ | • Horse Training | $ |
| • Breeding | $ | • Hunting Dog Training | $ |
| • Dealers | $ | • Medical Conditions | $ |
| • Other: | $ | • Mold | $ |
| Pet Grooming Including Mobile  Grooming | $ | • Obedience Schools | $ |
| 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. | | |