

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. Telephone: Website:

5. Contact person/phone #: Inspection: Accounting/Records:

6. Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Trust
 ☐ Other (specify):

7. Operating as: ☐ For Profit ☐ Nonprofit ☐ Other:

8. Interest of Named Insured in premises: ☐ Owner ☐ General Lessee ☐ Tenant
 ☐ Other:

9. Part occupied by Named Insured: ☐ Entire ☐ Portion (%) ☐ Other (Lessor's Risk Only)

10. Effective Date Desired: From: To: Term Desired:

PREVIOUS INSURER & LOSS HISTORY - Attach separate sheet if necessary ☐ **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

☐ No ☐ Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Policy Dates	Carrier	Policy Number	Premium	Coverage	Check if Claims-Made	Description of Loss
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

UNDERWRITING INFORMATION

1. Number of years' experience as a contractor:

2. # of Owners: Gross Sales: \$

3. # of Employees: Employee Payroll: \$

4. Receipts for previous three years:

Year 20 \$ Year 20 \$ Year 20 \$

5. Describe all business operations conducted by you:

Description of Operation/Services	Annual Sales
Pet Grooming	\$
Pet Training	\$
Kennels - breeding, boarding, sales or pet sitting	\$

7. Indicate if you are a member of any of the following organizations:

- | | |
|--|---|
| <input type="checkbox"/> American Animal Hospital Association | <input type="checkbox"/> Intergrom |
| <input type="checkbox"/> American Boarding Kennels Association | <input type="checkbox"/> National Association of Dog Obedience Instructors |
| <input type="checkbox"/> American Humane Association | <input type="checkbox"/> National Association of Professional Pet Sitters |
| <input type="checkbox"/> American Veterinary Medical Association | <input type="checkbox"/> National Dog Groomers Association of America, Inc. |
| <input type="checkbox"/> American Society for the Prevention of Cruelty to Animals | |
| <input type="checkbox"/> Humane Society of the United States | <input type="checkbox"/> Pet Industry Joint Advisory Counsel |
| <input type="checkbox"/> Society of Dog Trainers | <input type="checkbox"/> Other: |

	Yes	No
8. Do you import animals?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide details:		

9. Do you provide training of animals? If Yes, provide the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you train seeing eye dogs?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you train security dogs/animals?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you train sniffing dogs?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, type: <input type="checkbox"/> Bomb <input type="checkbox"/> People <input type="checkbox"/> Drugs		
d. Indicate other types of training offered:		

10. Do you board animals?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide details of boarding:		

11. **Kennels:**

Types of animals: ☐ Dog ☐ Cat ☐ Other - describe: _____

Breed(s): _____

Number of litters sold per year:	Total number of animals sold per year:
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	Yes	No
12. Do you offer any of the following services:	<input type="checkbox"/>	<input type="checkbox"/>
a. Animal Shelter	<input type="checkbox"/>	<input type="checkbox"/>
b. Humane Society	<input type="checkbox"/>	<input type="checkbox"/>
c. Foster Care	<input type="checkbox"/>	<input type="checkbox"/>
d. Animal Hotel	<input type="checkbox"/>	<input type="checkbox"/>
e. Pet Day Care Center	<input type="checkbox"/>	<input type="checkbox"/>
f. Pet Sitting	<input type="checkbox"/>	<input type="checkbox"/>
If Yes to any of the above services, provide details:		

13. Do you employ a veterinarian?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide details:		

14. Do you provide a contract for your customers? If Yes, include a copy.	<input type="checkbox"/>	<input type="checkbox"/>
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15. Are you in compliance with all applicable laws and ordinances pertaining to licensing and/or codes?	<input type="checkbox"/>	<input type="checkbox"/>
If No, provide details:		

FRAUD STATEMENTS

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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		