

# PET CARE

## PET CARE SUPPLEMENTAL APPLICATION

Submit supplemental application along with a completed ACORD Application.

1. Applicant's Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

### Rating Information

2. Number of Kennels/compartments: \_\_\_\_\_ Daycare Average Daily Attendance: \_\_\_\_\_

3. Grooming – annual sales: \_\_\_\_\_ Retail Sales: \_\_\_\_\_

4. Other Services:  N/A or describe: \_\_\_\_\_

5. Requesting coverage for Pet Grooming Services?  Yes  No

6. Pet Floater Limit requested:  \$1,000/\$3,000  \$2,500/\$5,000  \$5,000/\$10,000

### General

	<b>Eligible True</b>	<b>Ineligible False</b>
7. All Pets meet state vaccination requirements.	<input type="checkbox"/>	<input type="checkbox"/>
8. Applicant has procedures in place to evaluate and assess all animals prior to accepting them for daycare or boarding.	<input type="checkbox"/>	<input type="checkbox"/>
9. Play yards and play areas are fenced.	<input type="checkbox"/>	<input type="checkbox"/>
10. Pets in common areas are monitored.	<input type="checkbox"/>	<input type="checkbox"/>
11. If transportation is provided, all animals are tethered or caged.	N/A <input type="checkbox"/>	<input type="checkbox"/>
12. If animals are left overnight, they are secured and locked in cages or kennels.	N/A <input type="checkbox"/>	<input type="checkbox"/>

### Liability

13. Risk does not offer veterinarian services.	<input type="checkbox"/>	<input type="checkbox"/>
14. Risk does not have a stable.	<input type="checkbox"/>	<input type="checkbox"/>
15. Risk does not accept Equine or Commercial Animals.	<input type="checkbox"/>	<input type="checkbox"/>
16. Risk does not sell products under applicant's own label.	<input type="checkbox"/>	<input type="checkbox"/>
17. Risk does not provide specialty training such as hunting, security, show or agility training.	<input type="checkbox"/>	<input type="checkbox"/>
18. Risk is not involved in pet adoption or pet rescue.	<input type="checkbox"/>	<input type="checkbox"/>
19. Risk is not involved in breeding or importing animals.	<input type="checkbox"/>	<input type="checkbox"/>

### Property

20. Risk does not have aluminum wiring (including pigtail) or knob and tube wiring.	<input type="checkbox"/>	<input type="checkbox"/>
21. Electrical Service is on circuit breakers and not fuses.	<input type="checkbox"/>	<input type="checkbox"/>
22. Building is not currently damaged by fire or otherwise.	<input type="checkbox"/>	<input type="checkbox"/>
23. Building is not partially constructed.	<input type="checkbox"/>	<input type="checkbox"/>
24. Applicant has not been previously convicted of the felony of arson.	<input type="checkbox"/>	<input type="checkbox"/>
25. Risk has functioning and operating smoke and/or heat detectors in all units/occupancies.	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following questions only if Special Cause of Loss is requested for the Building:	<b>True</b>	<b>False</b>
Plumbing system is completely copper or PVC.	<input type="checkbox"/>	<input type="checkbox"/>
Electrical system is less than 35 years old.	<input type="checkbox"/>	<input type="checkbox"/>
Roofing has been replaced or recoated within the past 10 years for flat ; 20 years for shingle or composite; 40 years for metal; 25 years for tile; or 50 years for slate.	<input type="checkbox"/>	<input type="checkbox"/>

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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 Fraud Statement:** 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.

**Kentucky Fraud Statement:** 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 and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 Fraud Statement:** 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 Fraud Statement: 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)