



COLONIAL GENERAL INSURANCE AGENCY, INC.

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ANIMAL SERVICES PROGRAM SUPPLEMENTAL APPLICATION

(Completed in addition to the ACORD General Liability Application)

Name of Applicant: _____

Web Site Address: _____

1. Description of operations/services provided. Indicate annual sales for each of the following described classes:

Description of Operations/Services	Annual Sales	Description of Operations/Services	Annual Sales
Animal Catchers (dog, cat, chicken, etc.)		Other Training Operations: <ul style="list-style-type: none"> • Exotic Animal Training for Use in TV, Movie, Commercials, Videos or Theatrical Shows • Drug, Explosives or Firearms Detection • Guard Animal Training or operations • Horse Training 	
Animal Catchers—Other—Describe:			
Behavioral/Psychiatry Consultant			
Excrement and/or Carcass Removal Services			
Guide/Companion Animal Training			
Hunt Dog Training		Horse Riding Instruction	
Kennels: <ul style="list-style-type: none"> • Breeding, Boarding or Sales • Animal Adoption Services or Foster Care • Animal Hotel and/or Pet Day Care Center • Animal Shelter • Humane Society • Gift and/or Thrift Shops 		Riding Academies	
		Animal Shows or Contests	
		Animal Rides Incl. Sleigh/Carriage Rides	
		Pony Sweeps	
		Livestock: <ul style="list-style-type: none"> • Auctions • Artificial Insemination Services 	
			<ul style="list-style-type: none"> • Breeding • Dealers
Obedience Schools		Petting Zoos	
Pet Grooming Incl. Mobile Grooming		Stables (boarding, livery or racing)	
Pet Store		Veterinarian Services	
Pet Sitters		Veterinary Hospitals or Clinics	
Pet Walkers			
Therapy Dog Training or Services			
Other—Describe:			

2. **Kennels—Breeding, Boarding or Sales, Animal Shelters, Humane Societies:** Kennel is defined as “each individual compartment” used for housing an animal. Indicate total number of kennels/compartments: _____

3. **Animal Adoption Services Including Foster Care, Animal Hotels, Pet Day Care Centers** (Not Kennels, Animal Shelters or Humane Societies): Indicate average daily number of animals under your care: _____

4. **Any other premises or operations exposures not stated in this application?** Yes No
If yes, explain: _____

5. Do you provide Therapy Dog services? Yes No

a. Have all dogs used in this service passed the American Kennel Clubs Canine Good Citizen Test or equivalent and have additional required training to have certification/title as a Therapy Dog? Yes No

b. Name of organization or association that has provided certification: _____

6. Check the following if you are a member of the organization:

- American Animal Hospital Association (AAHA)
- American Boarding Kennels Association (ABKA)
- American Society for the Prevention of Cruelty to Animals (ASPCA)
- American Humane Association (AHA)
- 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: _____

7. Are you licensed by the United States Department of Agriculture (USDA)?..... Yes No
License Number: _____

8. Do you follow the practices and regulations of the Animal Welfare Act?..... Yes No

9. a. Do you import animals? Yes No

b. Are you a licensed customs importer subject to regulation by the U.S. Department of Customs? Yes No

10. Kennels Breeding

Type of animal: Dog Cat Other—Describe: _____

Breed(s): _____

Number of litters sold per year:

Total number of animals sold per year:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

Agent's E-mail Address _____	Preferred Method of Correspondence?	E-Mail	Fax	Regular Mail
Applicant's E-mail Address _____	Preferred Method of Correspondence?	E-Mail	Fax	Regular Mail