

SCOTTSDALE OFFICE:

P.O. Box 14770, SCOTTSDALE, AZ 85267-4770
 8475 E. HARTFORD DR., SCOTTSDALE, AZ 85255
 PHONE: (480) 991-7889 WATS (800) 848-8860
 FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:

P.O. Box 571770, MURRAY, UT 84157-1770
 849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123
 PHONE: (801) 290-1144 WATS (800) 594-8900
 FAX (801) 290-1160 TOLL FREE (800) 332-9285

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.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.



NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

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.

NEW YORK 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 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 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.

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail