



CARRIER:

United States Liability Insurance Company

Pet Care Application

Applicant's name (include DBA name): _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Website/Social media: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Other _____

Description of operations

1. Have there been any property or liability losses in the past three years? Yes No
If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. What year did the business start? _____
 3. What are the annual sales? _____
 4. How many years has applicant been at the current location? _____

Rating Information

5. Number of kennels/compartments: _____ Average daily attendance for day care: _____
 6. Annual grooming sales: _____ Retail sales: _____
 7. Other services: N/A or describe: _____
 8. Is the applicant requesting coverage for pet grooming services? Yes No
 9. Pet floater limit requested: \$1,000/\$3,000 \$2,500/\$5,000 \$5,000/\$10,000

General Liability

10. Are there past, pending or planned foreclosures and/or bankruptcies or judgements for unpaid taxes against the named insured or any officer, partner, member or owner. individually within the past five years? Yes No
 11. Has insurance coverage been canceled or non-renewed in the past three years? Yes No
 12. For any building built prior to 1978, is 100% of the electric wiring on functioning and operating circuit breakers? N/A Yes No
 13. For any building built prior to 1978, is there any aluminum wiring or knob and tube wiring? N/A Yes No
 14. Are functioning and operational fire extinguishers available? Yes No
 15. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No
 16. Are all pets required to have all mandated province/territory vaccinations? Yes No
 17. Does the applicant have procedures in place to evaluate and assess all animals prior to accepting them for day care or boarding? Yes No

18. Are all play yards and play areas fenced? Yes No
19. Are all pets monitored in common areas? Yes No
20. If transportation is provided, are all animals tethered or caged? N/A Yes No
21. If animals are left overnight, are they secured and locked in cages or kennels? N/A Yes No
22. Does the applicant offer veterinarian services? Yes No
23. Does the applicant have a stable? Yes No
24. Does the applicant accept equine or commercial animals? Yes No
25. Does the applicant sell products under their own label? Yes No
26. Does the applicant provide specialty training such as hunting, security, show or agility training? Yes No
27. Is the applicant involved in pet adoption or pet rescue? Yes No
28. Is the applicant involved in breeding or importing animals? Yes No

Property

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive				
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
Building Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Income Limit: \$ _____		Coinsurance _____ <u>or</u> Monthly Limit of Indemnity		
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		

Additional Property Coverages Requested (check all that apply)

<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Electronic Data	<input type="checkbox"/> Interruption of Computer Operations
<input type="checkbox"/> Glass _____ linear feet	<input type="checkbox"/> Garage \$ _____	<input type="checkbox"/> Outdoor Sign \$ _____
<input type="checkbox"/> Outdoor Equipment Limit \$ _____	<input type="checkbox"/> Canopy/Awning Limit \$ _____	<input type="checkbox"/> Accounts Receivable \$ _____
<input type="checkbox"/> Crime coverage Limit \$ _____ Number of employees: _____ Employee Dishonesty Limit \$ _____ Burglary and Robbery (standard form only) \$ _____ Money and Securities (special form only) \$ _____ inside \$ _____ outside		

Liability Coverage

29. Occurrence/Aggregate limit \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million
 \$3 million/\$3 million \$4 million/\$4 million \$5 million/\$5 million

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____

(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)