



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

ANIMAL SERVICES PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD General Liability Application)

Name of Applicant: _____

Web Site Address: _____

Location Address: _____

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 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
Behavioral/Psychiatry Consultant	\$	Animal Shows or Contests	\$
Animal Catchers (dog, cat, chicken, etc.)	\$	Stables (boarding, livery or racing)	\$
Animal Catchers—Other _____ _____	\$	Therapy Dog Services	\$
Excrement and/or Carcass Removal Services	\$	Training Operations:	
Pet Grooming Incl. Mobile Grooming	\$	• Bedbugs/Termites	\$
Horse Riding Instruction	\$	• Drug, Explosives or Firearms Detection	\$
Livestock:	\$	• Exotic Animal Training for use in TV, Movie, Commercials, Videos or Theatrical Shows	\$
• Artificial Insemination Services	\$	• Guard Animal Training or Operations	\$
• Auctions	\$	• Guide/Companion Animal Training	\$
• Breeding	\$	• Horse Training	\$
• Dealers	\$	• Hunt Dog Training	\$
Pet Sitters	\$	• Medical Conditions	\$
Pet Store	\$	• Mold	\$
Pet Walkers	\$	• Obedience Schools	\$
Petting Zoos/Zoos/Wildlife Reserves	\$	• Therapy Dog Training	\$
Pony Sweeps	\$	Veterinarian Services	\$
Animal Rescue Services	\$	Veterinary Hospitals or Clinics	\$
Animal Rides Incl. Sleigh/Carriage Rides	\$	Other: _____	\$
Riding Academies	\$		

3. Indicate annual sales, total number of kennels and average daily number of animals for each applicable exposure:



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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 Services or Foster Care	\$		
• Breeding, Boarding or Sales	\$		
• Animal Hotel and/or Pet Day Care Center	\$		
• Humane Society	\$		
• Rescue Shelters	\$		
• Animal Shelter	\$		
• Other _____	\$		
• Gift and/or Thrift Shops	\$		

4. **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: _____

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

- 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: _____

6. **Are you licensed by the United States Department of Agriculture (USDA)?** Yes No

License Number: _____

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

8. **Do you import animals?**..... Yes No

If yes, are you a licensed customs importer subject to regulation by the U.S. Department of Customs? .. Yes No

9. **Breeding:**



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Type of animal: Dog Cat Other—Describe: _____

Breed(s): _____

Number of litters sold per year: _____

Total number of animals sold per year: _____

10. 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: _____

11. 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 Nebraska, Oregon or Vermont.)**

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 in the third degree.

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



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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 knowingly and with intent to defraud any insurance company 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.

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 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.

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: _____