



Legal Name of Organization: _____

dba: _____

Mailing Address: _____

Primary Location address: _____

Business Phone #: _____ Contact Name _____

Website: _____

Type of Organization: Corp___ Non Profit___ Other___

Years In Business: _____ County _____ Township _____

Present Carrier: _____ Exp. Date: _____ Annual Premium: _____

Losses in last 3 years _____

*please forward hard copy loss runs

Location Information

Location #1: Address: _____

Age of Building _____ Sq Feet _____ *Construction _____
*Wood/Frame , Wood & Masonry , Masonry & Steel
Fire Resistive Poured Concrete

Building Coverage\$ _____ Contents Coverage\$ _____
Protection: Sprinklers (Y/N) Burglar Fire Alarms (Y/N) Central Station (Y/N)
Annual Revenue _____ Number of Kennels _____
Number of foster care homes (max): _____
Deductible: _____ Animal Bailee Limit: _____

Location #2:Address _____

Age of Building _____ Sq Feet _____ *Construction _____
*Wood/Frame , Wood & Masonry , Masonry & Steel
Fire Resistive Poured Concrete

Building Coverage\$ _____ Contents Coverage\$ _____
Protection: Sprinklers (Y/N) Burglar Fire Alarms (Y/N) Central Station (Y/N)
Annual Revenue _____ Number of Kennels _____
Number of foster care homes (max): _____
Deductible: _____ Animal Bailee Limit: _____

Location #3:Address _____

Age of Building _____ Sq Feet _____ *Construction _____
*Wood/Frame , Wood & Masonry , Masonry & Steel
Fire Resistive Poured Concrete

Building Coverage\$ _____ Contents Coverage\$ _____
Protection: Sprinklers (Y/N) Burglar Fire Alarms (Y/N) Central Station (Y/N)
Annual Revenue _____ Number of Kennels _____
Number of foster care homes (max): _____
Deductible: _____ Animal Bailee Limit: _____

Business Auto Coverage

Bodily Injury & Property Damage Limit of Liability: _____

Year: _____

Make: _____

Model: _____

Vehicle Id #: _____

Comprehensive Deductible: _____

Collision Deductible: _____

Year: _____

Make: _____

Model: _____

Vehicle Id #: _____

Comprehensive Deductible: _____

Collision Deductible: _____

Year: _____

Make: _____

Model: _____

Vehicle Id #: _____

Comprehensive Deductible: _____

Collision Deductible: _____

Year: _____

Make: _____

Model: _____

Vehicle Id #: _____

Comprehensive Deductible: _____

Collision Deductible: _____

Kindly provide a list of all drivers, the list must included:

Drivers Name

Date of Birth

License #

Issuing State



Workers Compensation

Federal Tax Id #:

Annual Payroll by class of employees:

- 1. Kennel/Shelter Employees/Vets :\$ _____ # of Employees _____
- 2. Clerical Office Employees :\$ _____ # of Employees _____
- 3. Executive Officers :\$ _____ # of Employees _____
- 4. All Others (please describe) :\$ _____ # of Employees _____

Premium Modification if published : _____

Umbrella Excess Liability

Requested Limit of Liability: \$1,000,000 - \$10,000,000: _____