

I N D I V I D U A L (C A N I N E) A N I M A L
O W N E R S C L A I M S - M A D E
L I A B I L I T Y A P P L I C A T I O N C O N T I N U E D

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- 11) PROVIDE COMPLETE DETAILS OF YOUR FACILITY FOR KENNELING STATED ANIMAL(S) / CANINE(S). (IE. TYPE OF CAGE - IF ANY USED)
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- 12) ATTACH CURRENT VACCINE/ SHOT RECORDS
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- 13) PLEASE ATTACH ADDITIONAL SCHEDULE OF (CANINE) ANIMALS TO BE INSURED. (IF ANY!)
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- 14) DESCRIBE EXACT USAGE OF ALL SCHEDULED ANIMALS (CANINES) TO BE INSURED. (PET / SHOW / BREEDING /OTHER _____)
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- 15) ANY LOSSES, CLAIMS OR AGGRESSIVE BEHAVIOR IN LAST FIVE YEARS FROM THE SCHEDULED ANIMAL(S) / CANINE(S) AS STATED ABOVE OR ATTACHED HERETO ? _____
(IF YES, EXPLAIN) _____
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- 16) PROVIDE FULL DETAIL(S) OF THE GENERAL LOCATION / NEIGHBORHOOD WHERE THE CANINE(S) ARE KEPT. (IE. RURAL / CITY / COUNTY LIMITS ETC.) _____
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- 17) PROVIDE FULL DETAIL(S) OF THE INSURED' (S) LOCATION / PREMISES USED TO KEEP / KENNEL / HOUSE THE SCHEDULED CANINE(S) / ANIMAL(S) _____
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- 18) PROVIDE FULL DETAIL(S) OF THE GENERAL LOCATION OF NEAREST PUBLIC FACILITY(S) (IE: SCHOOLS, CHURCHES, & NEIGHBORHOOD RECREATION PARK) _____
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- 19) WHAT (IF ANY) RESTRICTIONS DO YOU USE TO PREVENT THE SCHEDULED CANINE(S) / ANIMAL(S) FROM HARMING ANY MEMBER OF THE GENERAL PUBLIC &/OR ANY INVITEE(S) &/OR ANY OTHER GUESTS? _____
(IE. TYPE OF FENCING USED / PEN(S) / CAGE(S) / MUZZLE(S) - ETC.)
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- 20) HAVE ANY OF THE SCHEDULED CANINE(S) / ANIMAL(S) TO BE INSURED SHOWN ANY AGGRESSIVE BEHAVIOR OR HAVE BEEN INVOLVED IN ANY INCIDENTS WITH THE PUBLIC? (IF YES - EXPLAIN IN FULL DETAILS!)
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- 21) IS COVERAGE REQUIRED BY A MUNICIPALITY &/OR ORDINANCE?
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INDIVIDUAL (CANINE) ANIMAL
OWNERS CLAIMS - MADE
LIABILITY APPLICATION CONTINUED

22) IS ANY OFF PREMISES LIABILITY COVERAGE REQUIRED?
_____ YES _____ NO (SUBJECT TO ADDITIONAL PREMIUM)

23) ARE THERE CHILDREN IN THE HOME? _____ YES OR _____ NO
IF YES, LIST NUMBER OF CHILDREN AND CHILDREN'S AGES: _____

24) DO YOU CONDUCT BUSINESS FROM YOUR HOME? _____ YES OR _____ NO
IF YES:

- A. TYPE OF BUSINESS _____
- B. DO CUSTOMERS, BUSINESS PARTNERS, SALES PEOPLE OR OTHER
SIMILAR BUSINESS VISTORS COME TO YOUR HOME? _____ YES OR _____ NO
- C. IF YES, IS/ARE THE ANIMAL(S) RETAINED OR CONFINED DURING
BUSINESS HOURS? _____ YES OR _____ NO
DESCRIBE: _____

25) HOW ARE THE ANIMAL(S) CONFINED WHEN YOU ARE AWAY FROM HOME?

- 26) NOTE: A) NO PERSONAL CHECKS ACCEPTED (MONEY ORDER, CASHIERS
CHECK OR CREDIT CARD- VISA AND MASTER CARD ONLY PLEASE
SIGN ATTACHED AUTHORIZATION FORM)
- B) POLICY IS FULLY EARNED AT INCEPTION, UNLESS OTHERWISE
STATED. (NO REFUND IF CANCELLED)

27) IT IS WARRANTED BY THE NAMED INSURED, AND AS A CONDITION
PRECEDENT TO LIABILITY COVERAGE(S) AFFORDED THAT ALL CANINE(S) /
DOG(S) OWNED BY, LEASED AND / OR RENTED TO AND / OR IN THE CARE,
CUSTODY AND / OR CONTROL OF THE NAMED INSURED AND / OR IT'S ADULT
FAMILY MEMBER(S) SHALL BE ATTACHED TO A LEASH, WITH A MUZZLE, TO THE
NAMED INSURED AND / OR CONFINED (IN A MINIMUM OF SIX (6) FOOT HIGH
FENCED IN AREA PROPERLY SECURED TO GROUND) AND / OR IN THE ASSUREDS
PERMANENT (DESIGNATED) RESIDENCE / HOUSE AND/OR RESTRAINED IN SUCH A
MANNER THAT THE CANINE(S) / DOG(S) CANNOT BE OF HARM TO ANY MEMBER OF
THE GENERAL PUBLIC AND / OR INVITEES AND / OR ANY GUEST(S) AND / OR
OTHER (BLOOD) FAMILY MEMBER(S) (IE. AUNT(S), UNCLE(S) ETC.).

DESCRIPTION OF INSURED CANINE(S) :

NOTE: LIABILITY COVERAGE IS ONLY AFFORDED FOR OWNED / SCHEDULED
DOG(S) / CANINE(S)/ANIMALS ONLY.

INDIVIDUAL (CANINE) ANIMAL
OWNERS CLAIMS-MADE
LIABILITY APPLICATION CONTINUED

28) IS THE DOG MICRO-CHIPPED? YES OR NO WHAT IS THE NUMBER?

29) NO LIABILITY COVERAGE AFFORDED FOR ANY COMMERCIAL OPERATION(S)
&/OR ACTIVITIES UNLESS SPECIFICALLY ENDORSED HERETO AND AN ADDITIONAL
PREMIUM CHARGE IS MADE AND PAID BY THE ASSURED.

30) REMARKS (IF ANY)

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S I G N E D A N D D A T E D B Y :

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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.

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I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OF WARRANTY OF FACT ON
THIS APPLICATION SHALL BE CONSIDERED A VIOLATION OF COVERAGE AFFORDED
UNDER ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION. (THIS
APPLICATION WILL BECOME PART OF ANY POLICY ISSUED AS A RESULT OF ITS
SUBMISSION.)

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DATED: _____ SIGNED BY: X _____
(NAMED INSURED)

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R E T U R N A . S . A . P . T O :

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