

PET PAK PROGRAM APPLICATION
General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

<u>APPLICANT INFORMATION</u> INC.	
Name _____	
Address _____	
City, State, Zip _____	Policy Term _____
Telephone _____	Professional License Type and Number (if required) _____

Business Organization:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
Description:	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Animal Grooming	<input type="checkbox"/> Other (Describe) _____	
GL & Prof. Limits Requested:	Occurrence _____	Personal Injury/Advertising _____		
	General Aggregate _____	Medical Payments _____		
	Prods/Comp Ops Aggregate _____	Fire Legal _____		
Estimated annual payroll \$ _____	Estimated annual receipts \$ _____	Years in business _____		
Do you offer:	<input type="checkbox"/> Training of attack dogs	<input type="checkbox"/> Animal obedience training		
Are you:	<input type="checkbox"/> In private practice	<input type="checkbox"/> An employee	<input type="checkbox"/> Subcontractor	
Are all applicants partners and employees currently licensed? _____				
Please list and explain any actions taken against your professional licenses in the last 5 years (i.e. revocation, suspensions, fines, etc.) _____ _____				
List professional degrees or achievements, memberships in professional organizations _____ _____				
Explain any work done with thoroughbreds, exotic or rare animals, commercial ranching or farming _____ _____				
List additional insureds _____ _____				

<u>THREE YEAR LOSS EXPERIENCE</u>	
<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Applicant Signature & Date

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY

