



Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

ANIMAL RESCUE

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

(application must be completed and signed by President, Chairman or Executive Director)

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location (if different): _____

Other Locations Used and to be Insured (where administrative work is done):

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Age of Building: _____ Square Feet of Office Space: _____

Distance to Fire Hydrant: _____ Distance to Fire Department: _____

Construction of Building Frame: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Applicant is: Individual Corporation Partnership Non-Profit Other: _____

Last Year's Gross Receipts (annual revenues if 501(c)(3)): \$ _____ Federal ID Number: _____

Is this a new business? Yes No If no, how many years has Applicant been in business? _____

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant ever had a claim? Yes No If yes, please explain: _____

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act prior to the inception of this Policy, which might give rise to a Claim? Yes No

If yes, please explain: _____

Has the Applicant or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

Note: No coverage can be quoted for commercial operations.

Limit of Liability (with per person sub-limit):

- \$25,000 per person / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$100,000 per accident / \$200,000 aggregate
- \$100,000 per person / \$200,000 per accident / \$400,000 aggregate
- \$150,000 per person / \$200,000 per accident / \$500,000 aggregate

Other: _____

Limit of Liability (with no per person sub-limit):

- \$50,000 per accident / \$100,000 aggregate
- \$100,000 per accident / \$200,000 aggregate
- \$250,000 per accident / \$500,000 aggregate

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Note: Higher SIRs will generally reduce the premium charged, but SIRs of \$2,500 or greater must be accompanied by proof of the Applicant's ability to pay that SIR amount (i.e. last year's tax return forms).

4. Volunteer Information

a. Do you have Volunteers? Yes No If yes, how many Volunteers: _____

b. What kind of training do you provide for your volunteers? _____

- c. Length of training period for volunteers: _____
- d. Do your volunteers sign a hold harmless waiver? Yes No
- e. Is there a Volunteer Procedure Manual in place? Yes No
- f. Do you require any background experience in the animal care field for volunteers? Yes No
- g. What is the age limitation for volunteers? _____
- h. Do you require a Parent or Guardian to sign for volunteers under the age of 18? Yes No
- i. Do you require a Parent or Guardian to be present with under age volunteer when doing volunteer duties? Yes No
- j. Do you do obedience training? Yes No
- k. Are animals trained by you? Yes No
- l. Are animal owned by you? Yes No
- m. Do you offer training to the public? Yes No If Yes, do you have a Liability Waiver signed? Yes No
- n. Do you offer a Spay/Neuter Program to the public? Yes No
- o. Do you have certified therapy dogs? Yes No If yes, how many? _____
- p. Do you have adoption forms with Hold Harmless Waiver? Yes No
- q. Do you have any people you pay Perdiem? Yes No
- r. Do you have any people you sub-contract? Yes No
- s. Do you use pet stores as a source for adoptions? Yes No
(If so, please complete the Supplemental Pet Store Application portion of the form below)
- t. Do you operate in more than one state? Yes No If so, how many? _____
- u. How many events do you participate in? _____
- v. Please provide a list of events: _____

5. Evaluation Procedures on Rescued Animals

- a. How are animals evaluated? _____

- b. How are animals handled if they show aggression? _____

- c. Are animals still placed if there is aggression towards People? Yes No Other Animals? Yes No
- d. What procedures are taken if the animal has bitten someone? _____

- e. Who makes the decision if the animal has to be euthanized? _____
- f. If you have an animal that is a known biter, do you place it up for adoption? Yes No
If yes, please explain your procedure: _____
- g. Where do you get your animals from who are taken into your rescue? Rescues Shelters, Private Pet Owners,
 Puppy Mills, Dog Clubs, Trainers, Kennels, Other: _____

6. Foster Care Information

- a. How many foster care homes do you associate with? _____
- b. How are they evaluated? _____
- c. Is there an application that foster homes must complete? Yes No If yes, please attach a copy.

- d. Do you have them sign a Hold Harmless Waiver? Yes No
- e. Is your foster care applicant a volunteer? Yes No
- f. What kind of training is provided for foster homes? _____

- g. Do you place a dog/cat into foster care before you evaluate for temperament or aggression? Yes No
- h. Do you place your rescue dogs/cats into a foster home who have children? Yes No
If so, what is the age of children? _____
- i. How much past experience in the animal care field do you require your foster home to have? _____

- j. When a foster goes on vacation, what happens to the foster dog or cat? _____
- k. Do you allow your foster home to keep an animal that is unadoptable to the public? Yes No

7. Supplemental application for organizations who use pet stores for off-site adoptions

Store Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Age of Building: _____ Square Feet of Office Space: _____

Distance to Fire Hydrant: _____ Distance to Fire Department: _____

Construction of Building Frame: _____

- a. Do you house animals at the store on a full-time basis? Yes No
If yes, number of cats? _____ number of dogs? _____
- b. Who maintains the care of animals? _____
- c. Do you take animals to the pet store for one day adoptions? Yes No
If yes, number of cats? _____ number of dogs? _____
- d. Number of Volunteers or Employees who oversee the adoption day? _____
- e. How often do you do the one day adoptions? _____
- f. What supervision is provided at the adoptions? _____
- g. Do you have written procedures in place for volunteers or employees who oversee the adoption? Yes No
If yes, please attach a copy.
- h. What kind of training & education do you provide for your volunteers or employees in regards to "A Safe Adoption Event"?

- i. Are signs posted on cages "Warning to Keep Hands/Fingers Out"? Yes No
- j. Are dogs leashed when outside of cages/crates? Yes No
- k. Is there a designated area roped off to keep the public from interacting with the animals? Yes No

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Date: _____
Applicant:

Date: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name