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 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

EXOTIC ANIMAL LIABILITY

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Is Applicant the animal owner? Yes No If no, please list the owner: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Fax: _____

Physical location where animal(s) are housed (if different than above): _____

Population within 50 miles: _____

Contact Person: _____

Producer's Name: _____ Telephone Number: _____

Producer's E-mail: _____

1. Pet Information (Please complete the Pet Information section for each animal- attach additional pages as necessary)

1. Is your pet used for a purpose other than personal? Yes No

If yes, please explain in full detail (provide additional pages as necessary): _____

2. Please complete the following:

Animal's Name:	Animal's Species:
Sex: (check one) <input type="checkbox"/> Intact female <input type="checkbox"/> Intact Male <input type="checkbox"/> Spayed female <input type="checkbox"/> Neutered male	
Age:	Weight:
Height:	Years you have owned the Animal:
Please describe all colors/patterns of the animal:	
Please describe all scars or other distinguishing marks (For example: declawed, defanged, tattoo, etc.):	
Microchip Number (if present)	
Location of Microchip:	Manufacturer:

3. Please list the animal's veterinarian's name and contact information: _____

4. Does the animal have all required vaccinations? Yes No If no, please explain: _____

5. Does the animal have all recommended vaccinations? Yes No If no, please explain: _____

6. Has the animal been trained by a professional? Yes No
- a. If yes, please describe the training: _____

- b. What was the purpose of the training? _____
- c. Please list the trainer's name and phone number: _____
- d. Has the animal been trained to attack on command? Yes No If yes, please explain: _____

7. Please list the name of all persons who are associated with the animal (For example, work with the animal, train the animal, walk the animal, etc.): _____

8. Do you own or rent your home? Own Rent
- a. Please check one: apartment duplex, or other multi-family structure condo or townhouse
 single family dwelling
- b. If you have a private yard, is your yard fenced or walled in? N/A Yes No
- If yes:
- i. Height of fence/wall: _____ ft.
- ii. Type of fence/wall:
- Wood fence with separated slats (e.g. picket fence)
- Wood slats with no space between slats
- Chain link fence
- Brick or cement wall
- Other: _____
- iii. Does fence completely enclose the yard? Yes No
- If no, describe: _____
- iv. Is the bottom of the fence buried 12 or more inches underground? Yes No
- v. Is/are the animal(s) allowed in the yard unattended? Yes No
- vi. Please describe the exact location on the property where the animal is kept: _____

9. Do you have signs posted warning passerby about the animal? Yes No
- If yes, list number of signs and text on each sign, and explain why signs are posted: _____

10. What is the nearest public facility (e.g. church, school, public park)? _____

How far away is the public facility? _____

11. Do you extend an invitation to the public to see the animal? Yes No If yes, please describe the process in detail and provide additional pages if necessary)? _____

12. Do you have secured area for the animal? Yes No If yes, when is the secured area used (please describe in detail and provide additional pages if necessary)? _____

- a. Does the secured area have a top? Yes No
13. How is the animal confined when you are away from the home? _____

14. Do you use a shock collar or other similar electronic restraints for any animal? Yes No
If yes, describe restraint and typical use of restraint: _____

15. Are there children in the home? Yes No
a. If yes, list number of children and children's ages: _____
16. Do you conduct business from your home? Yes No
If yes:
a. Type of business: _____
b. Do customers, business partners, sales people or other visitors come to your home? Yes No
c. If yes, is the animal restrained or confined during business hours? Yes No
Describe: _____
17. Is the animal required to be registered in your area? Yes No
a. If yes, by what authority (check all that apply)? City County State
 Other: _____
b. Attach a copy of all licenses held by any animal in your house, including a copy of the registration form submitted for the license(s).
18. What is the maximum number of animals allowed by law in a household in your state? _____
19. Is coverage required by any municipality, contract or ordinance? Yes No
Is off-premises liability coverage required? Yes No
20. Any travel plans which will include any animal in the next twelve months? Yes No
If yes:
a. Describe travel plans: _____

- b. How will the animal be controlled during travel? Describe: _____

- c. If you have travel plans, but the animal will not travel with you, describe care arrangements:

21. Has the animal shown any aggressive behavior, or been involved in any incidents? Yes No
 If yes, please explain in detail (Please provide additional pages if necessary): _____

22. Does the Applicant's yard have an enclosure for the animal? Yes No N/A
 If yes, please describe the area including the dimensions and whether there is a top: _____

23. Is the animal ever chained up? Yes No If yes, please explain in detail: _____

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 in detail: _____

Has the animal bitten another human or animal? Yes No If yes, please explain and provide additional pages if needed: _____

Were the bite(s) provoked? Yes No If yes, please explain in detail and provide additional pages if needed: _____

Please describe nature and severity of the bite(s): _____

Has the animal damaged property belonging to another person? Yes No If yes, please explain: _____

Has the animal been deemed dangerous or vicious? 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 which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? 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 yes, and the standard market declined please complete the following for each insurance company contacted:

	Insurer	Name of representative	Contact phone number	Reason
1.				
2.				
3.				
4.				

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).

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.

Dated: _____ Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name