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## 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