



# Business Insurers of the Carolinas

## Pet Services Division

### Boarding Kennel/Day Care/Training Facility Insurance Application

Owner's Name/Business Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Legal Entity:            *Individual/Sole Proprietor*            *Partnership*            *C-Corporation*  
   *S-Corporation*            *Limited Liability Company (LLC)*            *Other* \_\_\_\_\_

FEIN# or SSN# (if sole proprietor) \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Years Experience in Field/Industry \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Estimated Annual Sales: \$ \_\_\_\_\_

Physical Address of Property (include street address, city, zip & county):

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Building Replacement Cost Value (*list only if you own the building or are required to insure via contract*):

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Building Improvements & Betterments Value (*list only if you lease the building and have made upfits to someone else's building*):

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Contents Replacement Cost Value: \_\_\_\_\_

Total Estimated Square Feet: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Roof Type: \_\_\_\_\_

Year Built: \_\_\_\_\_

***If building is over 20 years old, please list year the following were last updated:***

Plumbing \_\_\_\_\_

HVAC \_\_\_\_\_

Electrical \_\_\_\_\_

Roof \_\_\_\_\_

Any Fences or Other Outdoor Property? **Yes No**

*(If Yes, please list property/equipment and replacement value):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fire District: \_\_\_\_\_

Distance from responding Fire Department: \_\_\_\_\_

Distance from nearest Fire Hydrant: \_\_\_\_\_

Sprinkler System? **Yes No**

Fire Alarm System? **Yes No** If yes, what type: \_\_\_\_\_

Burglar Alarm System? **Yes No** If yes, what type: \_\_\_\_\_

Additional Insureds/Loss Payees/Mortgagees that need to be listed (please provide name and address):

\_\_\_\_\_  
\_\_\_\_\_

Name of Current Insurance Company: \_\_\_\_\_

How long have you been with them? \_\_\_\_\_

Any Claims in Last 4 years? **Yes No** If yes, please list details and amounts paid for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of animals do you board?

**Dogs Cats Birds Exotics Others:** \_\_\_\_\_

\_\_\_\_\_

What is the total number of kennels operated? \_\_\_\_\_

What is the maximum number of animals boarded? \_\_\_\_\_

Average number of animals boarded each week? \_\_\_\_\_

Do you have a common "play" or "exercise" area?      **Yes**      **No**

*If yes, how many pets are together at any one time?* \_\_\_\_\_

Do you offer Grooming Services Onsite?      **Yes**      **No**

*If yes, what is the estimated annual receipts from grooming?* \_\_\_\_\_

Do you offer mobile grooming?      **Yes**      **No**

*If yes, what is the estimated annual receipts from mobile grooming?* \_\_\_\_\_

List all permanently attached equipment in the mobile vehicle with cost value: \_\_\_\_\_

\_\_\_\_\_

List all property/equipment not permanently attached in the mobile vehicle with cost value: \_\_\_\_\_

\_\_\_\_\_

Do you offer Training Services?      **Yes**      **No**

*If yes, what is estimated annual receipts from training?* \_\_\_\_\_

Do you breed any animals?      **Yes**      **No**

*If yes, which breed and how many litters per year?* \_\_\_\_\_

Do you employ a Veterinarian or Vet Tech?      **Yes**      **No**

*If Yes, how many and what is estimated receipts from Vet Professional Services?* \_\_\_\_\_

Are pet owners allowed in kennel areas?      **Yes**      **No**

Do you require proof of vaccinations for all boarded animals?      **Yes**      **No**

Do you obtain medical history on all pets and discuss emergency care with pet owners:      **Yes**      **No**

Are you a member of any Professional Organizations/Associations? Please list all: \_\_\_\_\_

\_\_\_\_\_

Do you have any professional certifications? Please list all: \_\_\_\_\_

\_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_