

LIABILITY PROTECTION POLICY



DESIGNED SPECIALLY FOR
PET DAYCARE/BOARDING



Pet Daycare and Boarding Insurance Application

1. Name _____
 2. Business Name _____
 3. Telephone Number (____) _____ - _____
 4. Mailing Address _____

 5. Email Address _____
 6. Business Address (if different) _____

 7. Years in Business: _____
Total Number of Employees, Owners, Officers,
and Volunteers: _____
Number of Independent Contractors: _____
 8. Type of business (choose one)
Sole Proprietorship Partnership
Corporation LLC
 9. What do you estimate your annual receipts
(gross income) to be? _____
(new business, please provide best estimate)
 10. Do you have any independent contractors or
additional insured who need to be listed under
your policy? If yes, please provide names and
addresses.

 11. Do you require proof of vaccinations on all pets
in your care? Yes No
 12. Do you meet all laws/requirements for
operating a pet boarding/daycare in your
state? Yes No
 13. What is max number of pets boarded at any
one time? _____
 14. What is average number of pets boarded
each week? _____
 15. Do you board pets other than dogs and
cats? If so, please list here _____

 16. If purchasing pet sitting/dog walking coverage:
what percentage, if any, of your gross
income is derived from pet sitting/dog
walking? _____%
 17. If purchasing pet grooming coverage: what
percentage, if any, of your gross income is
derived from pet grooming? _____%
 18. If purchasing pet training coverage: what
percentage, if any, of your gross income is
derived from pet training? _____%
- Effective date: If accepted, coverage will be effective on the first day of the month following receipt of this application and your payment. Please note if policy is canceled for any reason, a minimum earned premium of 25% will apply.
- "I understand that this application does NOT constitute a binder of coverage, and that all questions must be answered in order for the application to be accepted. Also, I assert that all answers given on this application are true and accurate."
- Signature _____
- Date _____

PROTECTION AGAINST LIABILITY CLAIMS

In today's litigious society, all of us are concerned about liability claims for bodily injury, personal injury, or property damage to others, which may be brought against us for negligence. Many times these claims have no merit, but the defense costs alone can be substantial. If they are determined to have merit, judgements today can be devastating and your personal as well as your business assets can be seized.

To help you get the protection you need, **Pet Care Affiliates** offers the Pet Boarding/Daycare Liability Protection Policy. This policy was designed to take the worry and the hassle out of finding reliable coverage.

COVERAGE FEATURES

POLICY LIMITS:

\$ 2,000,000	General Aggregate
\$ 2,000,000	Products/ Completed Operations
\$ 1,000,000	Personal & Advertising Injury
\$ 1,000,000	Each Occurrence
\$ 300,000	Fire Legal Liability
\$ 10,000	Medical Payments
\$ 100	Deductible Per Claim

SPECIAL POLICY FEATURES

- \$25,000 Coverage for all Pets in your Care, Custody or Control included.
- Optional: Coverage for pet sitting/dog walking, pet grooming and pet training.

GROUP RATES

Use the calculations below to determine your annual premium.

1. BASIC LIABILITY RATE.
\$5.00 per \$1000 receipts (gross income)
\$5.00 x _____ (A) \$ _____
(minimum rate = \$300.00)
(if receipts exceed \$100,000, please call for rate)
2. Optional: Additional Care, Custody or Control Coverage for Pets (\$25,000 Included In Basic Rate)
-Increase to \$50,000 Add \$125
-Increase to \$100,000 Add \$250
Increased CCC Rate = (B) \$ _____
3. Add \$25.00 per additional insured or independent contractor (C) \$ _____
4. Optional: Coverage for pet sitting/dog walking (Must be less than 50% of annual receipts). Add \$150 (D) \$ _____
5. Optional: Coverage for pet grooming (Must be less than 50% of annual receipts). Add \$50 (E) \$ _____
6. Optional: Coverage for pet training (Must be less than 50% of annual receipts). Call for supplemental form. Add \$100 (F) \$ _____
7. Optional: Dishonesty Bond Coverage (see table below for limits and premium) (G) \$ _____

No. of Employees	\$5,000	\$10,000	\$25,000	\$50,000
1 - 5	\$50	\$100	\$175	\$250
6 - 10	\$75	\$125	\$200	\$300
Each over 10*	\$3	\$3	\$3	\$3

8. Policy and Membership Fee (H) \$ 50.00
9. Add **A+B+C+D+E+F+G+H=** (I) \$ _____

I hereby acknowledge that I am paying a policy fee of \$50.00 for policy/membership fee

Signature _____

YOUR SIGNATURE IS REQUIRED FOR THE PROCESSING OF YOUR APPLICATION.

HOW TO APPLY

1. Complete the application on the back of this brochure. Be sure to answer every question, sign, and date the application.
2. Determine your premium using the calculation process shown on this brochure.
3. Sign the Fee Acknowledgement on the Group Rates page. Your application will not be processed without this signature.
4. Make checks for the total annual premium payable to: **Business Insurers of the Carolinas**
5. Mail your payment and application to:

Business Insurers of the Carolinas
PO Box 2536
Chapel Hill, NC 27515-2536



For more information or assistance please direct all inquiries to the administrator:
phone: 800-962-4611
fax: 919-537-0750
PCA@Business-Insurers.com

**Apply/Renew Online at:
www.petcareaffiliates.com**

California License #0C88561

UNDERWRITTEN BY
Century Surety Company

MASTERCARD, VISA, AND DISCOVER
ARE ACCEPTED

Credit card # _____
Expiration Date _____ 3 Digit Code _____
Credit Card name and billing address (if different)

Would you like to receive an invitation to our online portal where you can access your certificates of insurance 24/7?

Yes
No