

# PET SITTER LIABILITY INSURANCE APPLICATION

1. Name \_\_\_\_\_
2. Business Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. City, State, and ZIP Code \_\_\_\_\_
5. Physical Address (if different) \_\_\_\_\_  
(if you have multiple locations, please contact us for supplemental form)
6. Phone \_\_\_\_\_ 7. Email Address \_\_\_\_\_
8. Type of business (choose one)      Individual      Partnership      Corporation      LLC
9. What do you estimate your annual receipts (gross income) to be? \$ \_\_\_\_\_  
(For a new business please provide best estimate)
10. Do you provide pet grooming?                      Yes                      No
11. Do you provide in home boarding or daycare?      Yes                      No
12. Do you provide house sitting services?                      Yes                      No
13. List total number of Employees, Owners, Officers, Volunteers, & Independent Contractors: \_\_\_\_\_
14. If paying by MasterCard/ Visa/Discover:  
Card Number \_\_\_\_\_ Exp. date: \_\_\_\_\_  
Three digit security code \_\_\_\_\_  
Billing address, if different: \_\_\_\_\_

Effective date: If accepted, coverage will be effective on the first day of the month following receipt of this application with your payment. Please note if policy is canceled for any reason, a minimum of 25% earned premium 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. I assert that all answers given on this application are true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# LIABILITY PROTECTION POLICY

## STANDARD POLICY

DESIGNED SPECIALLY  
FOR THE  
**PROFESSIONAL**  
**PET SITTER**



**petcare**  
affiliates

# 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 Sitter Liability Protection Policy. This policy was designed to take the worry and the hassle out of finding reliable coverage.

## COVERAGE FEATURES

### BASIC LIABILITY 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

- Coverage for damage to property in your care, custody or control, **including the pet.**
- Coverage for lost keys: pays up to \$2500 to re-key customers' locks.
- Blanket coverage for independent contractors as additional insureds.
- Optional: Coverage for pet grooming, in your home pet care, and house sitting.

## GROUP RATES

Use the calculations below to determine your annual premium.

- Basic Liability Rate:  
\$7.00 per \$1000 receipts (gross income)  
\$7.00 x \_\_\_\_\_ = **(A) \$** \_\_\_\_\_  
(minimum rate = \$210.00)  
(If receipts exceed \$100,000, please call for rate)
- Mandatory: Care, Custody or Control rate:  
Check one and enter rate below

	Limit Each Occurrence	Limit Aggregate	Flat Rate
<input type="checkbox"/>	\$10,000	\$25,000	\$75.00
<input type="checkbox"/>	\$25,000	\$25,000	\$150.00
<input type="checkbox"/>	\$50,000	\$50,000	\$225.00
<input type="checkbox"/>	\$100,000	\$100,000	\$275.00
<input type="checkbox"/>	\$200,000	\$200,000	\$350.00

  
 CCC Rate = **(B) \$** \_\_\_\_\_
- Optional: Coverage for pet grooming. Add \$50 **(C) \$** \_\_\_\_\_
- Optional: Coverage for in home boarding or daycare (Call for required supplemental form) Add \$150 **(D) \$** \_\_\_\_\_
- Optional: Coverage for house sitting Add \$100 **(E) \$** \_\_\_\_\_
- Optional: Coverage for pet training Add \$100.00 (call for supplemental form) **(F) \$** \_\_\_\_\_
- Optional: Coverage for Non-Owned Auto Add \$200.00 (call for supplemental form) **(G) \$** \_\_\_\_\_
- Optional: Dishonesty Bond Coverage (see table below for limits and premium) **(H) \$** \_\_\_\_\_

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

- Subtotal: **A+B+C+D+E+F+G+H = (I) \$** \_\_\_\_\_
- Add \$210.00 policy/membership fee **(J) \$210.00**
- Total annual premium **(I + J) = (K) \$** \_\_\_\_\_

I hereby acknowledge that I am paying a policy fee of \$210.00.

Signature \_\_\_\_\_

YOUR SIGNATURE IS REQUIRED FOR THE PROCESSING OF YOUR APPLICATION.

## HOW TO APPLY

- Complete the application on the reverse of this brochure. Be sure to answer every question, then sign and date the application.
- Determine your premium using the calculation process shown on this brochure.
- Sign the Fee Acknowledgment on the Group Rates page. Your application cannot be processed without this signature.
- If paying by check, make check for the total annual premium payable to:

**Business Insurers of the Carolinas**
- Mail your application and payment to:

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



administered by:

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](http://www.petcareaffiliates.com)**

California License #0C88561

**UNDERWRITTEN BY**

**Century Surety Company**

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

**Yes**

**No**