

General Liability Insurance Application

LIABILITY PROTECTION POLICY



DESIGNED SPECIFICALLY FOR
**Pet Trainers,
Pet Behavior Consultants &
Pet First Aid Instructors**



*** Please note: This policy contains
no breed exclusions**

1. Name _____

2. Business Name _____

3. Telephone Number (_____) _____-

4. Mailing Address _____

5. Email address _____

6. (Choose One) Owned Rented

7. Business Address (if different) _____

8. Years in Business: _____

Total Number of Employees, Owners, Officers,
and Volunteers: _____

Number of Independent Contractors: _____

9. Type of business (choose one).

Sole Proprietorship Partnership LLC
Corporation Non-Profit

10. What do you estimate your annual receipts
(gross income) to be? _____

(new business, please provide best estimate)

11. What types of pets do you work with?

12. Do you have any independent contractors or
additional insured who need to be listed under
your policy? If yes, please provide names and
addresses.

13. Do you demand proof of rabies and parvovirus
vaccinations? Yes No

14. Do you use "history, habits, and behavior"
questionnaires and/or perform a temperament
test? Yes No N/A

15. For group classes, do you use:
mandatory leashes: Yes No N/A
mandatory muzzles: Yes No N/A

16. If group training, do you remove sick,
uncontrollable, or hostile pets from groups?
 Yes No N/A

17. Please check the following equipment
you use:
flat collar martingale
head collar electric training collar
choke chain body harness
pronged collar

18. What percentage, if any, of your gross
income is derived from pet sitting/ dog
walking? _____%

19. Regarding, if purchased, the pet day care/
kennel/boarding endorsement:
On average, how many animals are
simultaneously on your premises? _____
Maximum, licensed capacity? _____

20. Are you a member of IAABC? Yes No

The following types of training are excluded
under this policy: protection, attack or
fighting, and police work.

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 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.**
- Optional: Coverage for pet daycare/kennel/boarding, pet sitting/dog walking, pet grooming, and limited dog training professional liability.

PLEASE NOTE THAT TRAINING DOGS FOR ATTACK OR FIGHTING PURPOSES ARE SPECIFICALLY EXCLUDED UNDER THIS POLICY.

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 = \$185.00)
(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
\$10,000	\$25,000	\$75.00
\$25,000	\$25,000	\$150.00
\$50,000	\$50,000	\$225.00
\$100,000	\$100,000	\$275.00
\$200,000	\$200,000	\$350.00

 CCC Rate = (B) \$ _____
- Add \$25.00 per additional insured or independent contractor (C) \$ _____
- Optional: Coverage for pet daycare/ kennel/boarding (Call for required supplemental form).
Add \$150 (D) \$ _____
- Optional: Coverage for pet sitting/ dog walking. Add \$100 (E) \$ _____
- Optional: Coverage for pet grooming. Add \$50 (F) \$ _____
- Optional: Limited Professional Liability
 Limit \$25,000 Add \$50.00
 Limit \$100,000 Add \$225.00
 Limit \$250,000 Add \$350.00 (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

- Add \$165.00 for taxes & fees (I) \$ 165.00
- Add **A+B+C+D+E+F+G+H+I=J** (J) \$ _____

I hereby acknowledge that I am paying a policy fee of \$165.00.

Signature _____

YOUR SIGNATURE IS REQUIRED FOR THE PROCESSING OF YOUR APPLICATION.

HOW TO APPLY

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

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



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**

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