PET SITTER LIABILITY INSURANCE APPLICATION

1.	Name		
2.	Business Name		
3.	Mailing Address		
4.	City, State, and ZIP Code		
5.	Business Address		
	Phone () 7. Email address		
8.	Do you qualify for the Individual policy? (Please see definition on reverse)		
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 your home pet care? Yes No		
12.	Do you provide house sitting services? Yes No		
13.	Please list total number of Employees, Owners, Officers, Volunteers, & Independent Contractors:		
14.	If paying by MasterCard/Visa/Discover:		
	Card NumberExp. 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. Additionally, I acknowledge that I must maintain membership with Pet Sitters International for insurance coverage to apply and agree that the association may periodically review claims data of all members for the betterment of the association."

LIABILITY PROTECTION POLICY





INDIVIDUAL POLICY



Signature

ОТ WOH АРРLY

Please Note Definition of Individual Policy: This policy is designed to insure an individual with no one working in the business but the individual owner and spouse, if applicable. You do not qualify for the Individual policy if your business is classified as a partnership, LLC, Inc., or type S corporation.

- 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.
- 4. If paying by check, make check for the total annual premium payable to:
 Business Insurers of the Carolinas
- 5. Mail your application and payment to:

administered by:

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

For more information or assistance, please address all inquiries to the administrator: phone: (800) 962 - 4611 fax: (919) 537-0750 faxi: (919) 537-0750

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California License #0C88561

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

Century Surety Company

* Please note: Certification credit means you have participated in the PSI Certification Program and have earned the designation of PSI Certified Professional Pet Sitter.

СКОИР КАТЕS

Use the calculations below to determine your annual premium.

00.071 \$ (A)

. Basic Liability Rate	
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 Mandatory: Care, Custody or Control rate: Check one and enter rate below

\$ (B)	= 91	CCC Ka
\$320.00	\$200,000	000,002\$ 🗖
\$575.00	000'001\$	000'001\$ 🗖
\$552.00	000'09 \$	000'09 \$ 🗖
\$120.00	\$ S2 [`] 000	 \$ 52'000
00.37\$	\$ S2 [,] 000	000'01 \$ 🗖
Rate	Aggregate	Occurrence
Tat	timid	Limit Each
M	snter rate belo	neck oue sug e

3. Optional: Coverage for pet grooming Add \$50.00 (C) \$____

 4. Optional: Coverage for in your home pet care (please call for required supplemental form)
Add \$150.00
(D) \$

5. Optional: Coverage for house sitting Add \$100.00 (E) \$_

6. Optional: Coverage for pet training (eall for required supplemental form) (F) \$_

7. Optional: Dishonesty Bond Coverage

000.032.00	0 322 1000 012	000 9\$	No. of Employees
(G) (E)	and premium)	for limits	woləd əldst əəs)
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٤\$	٤\$	٤\$	٤\$	Each over 10*
\$300	\$500	\$152	9Z\$	01 - 9
\$520	921\$	001\$	09\$	J - و
000'0 <u>9</u> \$	\$22°000	000'01\$	000'9\$	No. of Employees

8. Subtotal: (**A = B+C+D+E+F+G = H**) (**H**)

(ר) \$	12. Total annual premium (J+ K)
(K) \$ 20 [.] 00	ee ۱۱. Add \$50.00 policy fee (includes taxes)
	10. Total rate (H - H) = (round to nearest dollar)
\$ (I)	9. *Certification credit (15% off subtotal H) (H x .15) =

<mark>l hereby acknowledge that I am paying a policy fee of \$50.00</mark> Signature

YOUR SIGNATURE IS REQUIRED FOR THE PROCESSING OF YOUR APPLICATION.

Revised 9-19

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 can be devastating and your personal as well as your business assets can be seized. To help you get the protection you need, Pet Sitters International offers the Liability Protection Policy. This policy of finding reliable coverage. Best of all, buying coverage endorsed by PSI means affordable group rates.

ΣΜΙΑΙΟ ΥΤΙΙΙΒΑΙΟ

PROTECTION AGAINST

COVERAGE FEATURES

BASIC LIABILITY LIMITS:

\$2,000,000 General Aggregate\$2,000,000 Products/ Completed Operations

- \$1,000,000 Personal & Advertising Injury
- 900000 ts 00000 ts
- \$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 pets.
- Coverage for lost keys: pays up to \$2,500 to re-key customers' locks.
- Optional: Coverage for pet grooming, in your home pet care and house sitting.

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