## 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 (check one) ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC						
9.	. What do you estimate your annual receipts (gross income) to be? \$						
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.	3. Please 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:						
Effe	Effective date: If accepted, coverage will be effective on the first day of the month following receipt of						

this application with your payment.

"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."

Signature_	Date

# LIABILITY **PROTECTION POLICY**



# STANDARD POLICY



# OT WOH YJ99A

Use the calculations below to determine your annual premium.

### Basic I iability Rate:

Basic Liability Rate:
 \$7.00 per \$1,000 receipts (gross income)

\_× 00.7\$

- (if receipts exceed \$100,000, please call for rate)
- n receipts exceed \$ 100,000, prease can re Aandatory: Care, Custody or Control rate:
- Alandatory: Care, Custody or Control rate:Check one and enter rate below.

\$ ( <b>8</b> )	= ets R 200			
\$320.00	\$200,000	000'00Z\$ 🗖		
\$275,00	000'001\$	000'001\$ 🗖		
\$225.00	000'09 \$	000'09 \$ 🗖		
9120.00	\$ 52,000	000'97 \$ 🗖		
00.37\$	\$ 25,000	000'01 \$ 🗖		
Flat Rate	Limit Aggregate	Limit Each Occurrence		

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

6. Optional: Coverage for pet training
6. Optional: Coverage for pet training

Add \$100.00 (call for required supplemental form) (F) \$\_\_\_\_\_\_ \tag{P.100.00h} \text{ Coverage for Non-Owned Auto} \text{ . Optional: Coverage for Non-Owned Auto}

Add \$200.00(call for required supplemental form) (**G**) \$\_\_8. Optional: Dishonesty Bond Coverage

(H) (muimand prie simil for limits and premium)

٤\$	£\$	٤\$	٤\$	Each over 10*
008\$	\$200	\$152	92\$	01 - 9
\$250	921\$	001\$	09\$	g - l
000'09\$	\$52,000	000'01\$	000'9\$	No. of Employees

9. Subtotal: (A+B+C+D+E+F+G+H) = (I) \$\_\_\_\_

 $^*$ Certification credit = (21. x I) (I stotdus To %21)

11. Total rate (I - J) = (round to nearest dollar)(K) =

12. Add \$50.00 policy fee (includes taxes) (L) \$ 50.00

[\$ (r)

13. Total annual premium (K+L)

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

YOUR SIGNATURE IS REQUIRED FOR THE PROCESSING
OF YOUR APPLICATION.

#### Complete the application on the reverse of this brochure. Be sure to answer every question, then sign and date the application.

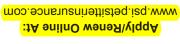
- Determine your premium using the calculation process shown on this brochure.
- 3. Sign the Fee Acknowledgment on the Group Rates page. Your application cannot be processed without this signature.
- 4. If paying by check, make check for the total annual premium payable to: Business Insurers of the Carolinas

5. Mail your application and payment to:

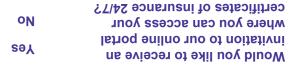
Business Insurers of the Carolinas PO Box 2536 Chapel Hill, NC 27515

administered by:

For more information or assistance, please address all inquiries to the administrator: phone: (800) 962 - 4611 fax: (919) 537-0750 fax: (919) 637-0750



California License #0C88561



# Century Surety Company

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

### 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 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 designed to take the worry and hassle out of designed to take the worry and hassle out of finding reliable coverage. Best of all, buying coverage endorsed by PSI means affordable coverage endorsed by PSI means affordable

#### **COVERAGE FEATURES**

#### **BASIC LIABILITY LIMITS:**

group rates.

\$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 pets.
- Coverage for lost keys: pays up to \$2,500 to re-key customers' locks.
- Blanket coverage of independent contractors as additional insureds.
- Optional: Coverage for pet grooming, in your home pet care and house sitting.

81-9 bəsivə9