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## ANIMAL RESCUE

### 1. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

*(application must be completed and signed by President, Chairman or Executive Director)*

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location (if different): \_\_\_\_\_

Other Locations Used and to be Insured (where administrative work is done):

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age of Building: \_\_\_\_\_ Square Feet of Office Space: \_\_\_\_\_

Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Department: \_\_\_\_\_

Construction of Building Frame: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Non-Profit  Other: \_\_\_\_\_

Last Year's Gross Receipts (annual revenues if 501(c)(3)): \$ \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years has Applicant been in business? \_\_\_\_\_

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

**2. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant ever had a claim?  Yes  No If yes, please explain: \_\_\_\_\_

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act prior to the inception of this Policy, which might give rise to a Claim?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the Applicant or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**3. Desired Insurance**

**Note: No coverage can be quoted for commercial operations.**

**Limit of Liability (with per person sub-limit):**

- \$25,000 per person / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$100,000 per accident / \$200,000 aggregate
- \$100,000 per person / \$200,000 per accident / \$400,000 aggregate
- \$150,000 per person / \$200,000 per accident / \$500,000 aggregate
- Other: \_\_\_\_\_

**Limit of Liability (with no per person sub-limit):**

- \$50,000 per accident / \$100,000 aggregate
- \$100,000 per accident / \$200,000 aggregate
- \$250,000 per accident / \$500,000 aggregate

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

Note: Higher SIRs will generally reduce the premium charged, but SIRs of \$2,500 or greater must be accompanied by proof of the Applicant's ability to pay that SIR amount (i.e. last year's tax return forms).

**4. Volunteer Information**

a. Do you have Volunteers?  Yes  No If yes, how many Volunteers: \_\_\_\_\_

b. What kind of training do you provide for your volunteers? \_\_\_\_\_

c. Length of training period for volunteers: \_\_\_\_\_

- d. Do your volunteers sign a hold harmless waiver:  Yes  No
- e. Is there a Volunteer Procedure Manual in place?  Yes  No
- f. Do you require any background experience in the animal care field for volunteers?  Yes  No
- g. What is the age limitation for volunteers? \_\_\_\_\_
- h. Do you require a Parent or Guardian to sign for volunteers under the age of 18?  Yes  No
- i. Do you require a Parent or Guardian to be present with under age volunteer when doing volunteer duties?  Yes  No
- j. Do you do obedience training?  Yes  No
- k. Are animals trained by you?  Yes  No
- l. Are animal owned by you?  Yes  No
- m. Do you offer training to the public?  Yes  No If Yes, do you have a Liability Waiver signed?  Yes  No
- n. Do you offer a Spay/Neuter Program to the public?  Yes  No
- o. Do you have certified therapy dogs?  Yes  No If yes, how many? \_\_\_\_\_
- p. Do you have adoption forms with Hold Harmless Waiver?  Yes  No
- q. Do you have any people you pay Perdiem?  Yes  No
- r. Do you have any people you sub-contract?  Yes  No
- s. Do you use pet stores as a source for adoptions?  Yes  No  
(If so, please complete the Supplemental Pet Store Application portion of the form below)
- t. Do you operate in more than one state?  Yes  No If so, how many? \_\_\_\_\_
- u. How many events do you participate in? \_\_\_\_\_
- v. Please provide a list of events: \_\_\_\_\_  
\_\_\_\_\_

**5. Evaluation Procedures on Rescued Animals**

- a. How are animals evaluated? \_\_\_\_\_  
\_\_\_\_\_
- b. How are animals handled if they show aggression? \_\_\_\_\_  
\_\_\_\_\_
- c. Are animals still placed if there is aggression towards People?  Yes  No Other Animals?  Yes  No
- d. What procedures are taken if the animal has bitten someone? \_\_\_\_\_  
\_\_\_\_\_
- e. Who makes the decision if the animal has to be euthanized? \_\_\_\_\_
- f. If you have an animal that is a known biter, do you place it up for adoption?  Yes  No  
If yes, please explain your procedure: \_\_\_\_\_
- g. Where do you get your animals from who are taken into your rescue?  Rescues Shelters,  Private Pet Owners,  
 Puppy Mills,  Dog Clubs,  Trainers,  Kennels,  Other: \_\_\_\_\_

**6. Foster Care Information**

- a. How many foster care homes do you associate with? \_\_\_\_\_
- b. How are they evaluated? \_\_\_\_\_
- c. Is there an application that foster homes must complete?  Yes  No If yes, please attach a copy.
- d. Do you have them sign a Hold Harmless Waiver?  Yes  No

- e. Is your foster care applicant a volunteer?  Yes  No
- f. What kind of training is provided for foster homes? \_\_\_\_\_  
\_\_\_\_\_
- g. Do you place a dog/cat into foster care before you evaluate for temperament or aggression?  Yes  No
- h. Do you place your rescue dogs/cats into a foster home who have children?  Yes  No  
If so, what is the age of children? \_\_\_\_\_
- i. How much past experience in the animal care field do you require your foster home to have? \_\_\_\_\_  
\_\_\_\_\_
- j. When a foster goes on vacation, what happens to the foster dog or cat? \_\_\_\_\_
- k. Do you allow your foster home to keep an animal that is unadoptable to the public?  Yes  No

**7. Supplemental application for organizations who use pet stores for off-site adoptions**

Store Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Age of Building: \_\_\_\_\_ Square Feet of Office Space: \_\_\_\_\_

Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire Department: \_\_\_\_\_

Construction of Building Frame: \_\_\_\_\_

- a. Do you house animals at the store on a full-time basis?  Yes  No  
If yes, number of cats? \_\_\_\_\_ number of dogs? \_\_\_\_\_
- b. Who maintains the care of animals? \_\_\_\_\_
- c. Do you take animals to the pet store for one day adoptions?  Yes  No  
If yes, number of cats? \_\_\_\_\_ number of dogs? \_\_\_\_\_
- d. Number of Volunteers or Employees who oversee the adoption day? \_\_\_\_\_
- e. How often do you do the one day adoptions? \_\_\_\_\_
- f. What supervision is provided at the adoptions? \_\_\_\_\_
- g. Do you have written procedures in place for volunteers or employees who oversee the adoption?  Yes  No  
If yes, please attach a copy.
- h. What kind of training & education do you provide for your volunteers or employees in regards to "A Safe Adoption Event"?  
\_\_\_\_\_  
\_\_\_\_\_
- i. Are signs posted on cages "Warning to Keep Hands/Fingers Out"?  Yes  No
- j. Are dogs leashed when outside of cages/crates?  Yes  No
- k. Is there a designated area roped off to keep the public from interacting with the animals?  Yes  No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Date: \_\_\_\_\_  
Applicant:

Date: \_\_\_\_\_  
Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name