



BUSINESS INFORMATION				
<b>13. Years in Business under this legal entity:</b>		Years of experience in field:		
Please describe experience of principals/owners:				
	<b>Owner Names</b>	<b>Ownership %</b>	<b>Does Owner Train or Handle Animals?</b>	
Please list owners:	Owner 1:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 2:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 3:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 4:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 5:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe duties of the Owner(s):				
Is Applicant involved in any other operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
Any other states of operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Company a division of a larger corporation or a subsidiary?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any carrier non-renewed or cancelled Applicant's business? (not applicable in MO)				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
Has the Applicant had any lapse in coverage?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
Date of lapse:				
Is Applicant aware of any incidents, complaints, or suspected matters in the past 5 years which may result in claims against you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
GENERAL LIABILITY (w/ ERRORS & OMISSIONS)				
<b>14. Coverage Limits Requested:</b>	Occurrence:	\$	Aggregate:	\$
<b>15. Deductible Requested (Incl. ALAE):</b>				
<b>16. Please list the Applicant's General / Errors &amp; Omissions Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> check here if Applicant has no prior coverage.</b>				
Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$

<b>17. Additional coverages requested:</b>		
<input type="checkbox"/> Additional Insured:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket
<input type="checkbox"/> Primary & Non-Contributory:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket
<input type="checkbox"/> Waiver of Subrogation:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket

**EXCESS LIABILITY**

<b>18. LIMITS REQUESTED:</b>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
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**19. Please list the Applicant’s Excess Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage.  check here if Applicant has no prior coverage.**

Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____

**Underlying Insurance Requirements**

<p><b>20. COVERAGE REQUESTED:</b></p> <p>Note: GL must be selected to request excess over Auto and/or EL policies</p>	<input type="checkbox"/> Auto Liability <input type="checkbox"/> Employer’s Liability <input type="checkbox"/> GL  <p>NOTE: If applicant is requesting excess to attach over Auto and Employer’s Liability coverages, please provide a copy of the full underlying policy for each coverage, along with 5 years of loss runs for each coverage.</p> <p>Additional underwriting information may be required.</p>
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**DESCRIPTON OF ANIMAL OPERATIONS**

<b>21. Number of Trainers including owners noted above:</b>	Full Time:	Part Time:		
<b>22. Number of Active Guard Animal Handlers inc. owners:</b>	Full Time:	Part Time:		
<b>23. Estimated Annual Payroll for Non-Owners:</b>	Trainers: \$ _____	Handlers: \$ _____		
24. Animal Breeding and Training Operations	Annual Sales / Revenue	Total No. of Kennels/Stables	Average Daily No. of Animals	Maximum Daily No. of Animals
Canine - Breeding, Raising, Boarding or Sales	\$ _____			
Horse - Breeding, Raising, Boarding or Sales	\$ _____			
Canine – Security/Guide Training	\$ _____			
Horse – Security Training	\$ _____			
	Annual Sales / Revenue	Total No. of Instructors	Total No. of Students	
Canine / Horse – Security Handler Training				

Note: Kennel/Stable is defined as “each individual compartment” used for housing an animal.

Are Canines or Horses used during training of Handlers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise how many _____ Canines _____ Horses	
Is a Student Participation Waiver used during Training of Handlers? <b>(attach copy)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Description of Animal Breeding and Training Operations / Services	Annual Sales / Revenue
Canine - Breeding, Raising, Boarding or Sales	\$
Horse - Breeding, Raising, Boarding or Sales	\$
<b>Canine – Security Training:</b>	
Drugs, Explosives or Firearms Detection	\$
Guard Dogs – Protection Training - Patrol, deterrent ONLY	\$
Guard Dogs – Protection Training including attack, apprehend	\$
Training for use in Excrement and/or Carcass Locating and Removal Services	\$
Guide Dogs for the Blind	\$
<b>Horse – Security Training</b>	\$

26. Description of Active Security Guard Work with Animals	Number of Trained Canines / Horses
<b>Canine – Security Guard Work:</b>	
Drugs, Explosives or Firearms Detection	
Guard Dogs – Protection - Patrol, deterrent ONLY WITH Handler	
Guard Dogs – Protection including attack, apprehend WITH Handler	
Guard Dogs – Protection - Patrol, deterrent ONLY WITHOUT Handler	
Guard Dogs – Protection including attack, apprehend WITHOUT Handler	
Excrement and/or Carcass Locating and Removal Services	
Guide Dogs for the Blind	
<b>Horse – Security Guard Work:</b>	
Horses – Mounted	
Horses – Guided but not Mounted	

Please describe minimum training requirements of animals, prior to active guard work:

Please describe minimum training requirements of Handlers, prior to active guard work with animals:

**SECURITY GUARD ANIMAL OPERATIONS BREAKDOWN**
**27. Operations**

Please provide a description of each type of operation where animals are used for active guard work (examples: HOA patrol with canine, Retail store fixed post with canine, drug detection with canine at airport, mounted horse patrol at water park etc.) and a description of the scope of work (examples: theft deterrent only vs. pursue and apprehend, bomb or drug detection, etc.)

Please describe operations below, and use additional paper if needed:

**INITIAL SUBMISSION REQUIREMENTS**
**General Liability (w/ Errors and Omissions)**

- Sample copy of waiver utilized with students / trainee handlers
- Sample copy of contract used with clients (breeding or guard work etc.)
- Carrier loss runs for the preceding 5 years (must be currently valued within past 60 days)
- Detailed description of all claims with more than \$25K incurred
- Owner(s) resume or background information if Applicant has been in business for less than 3 years

**FRAUD NOTICE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

**ADDITIONAL FRAUD NOTICES**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

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Applicant Name (Printed)

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Applicant Title

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Applicant Signature\*

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Date

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE**

**\* PRODUCER INFORMATION:**

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Producer Name (Printed)

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Producer Signature\*

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.