DOG TRAINER INSURANCE PROGRAM APPLICATION

APPLICANT FULL LEGAL NAME OR COMPANY FULL LEGAL NAME:

ADDRESS:

FULL NAME OF PRINCIPAL(S):

CONTACT:

Business # ( )
Fax # ( )
Home # ( )

Limit of Insurance Required: $1,000,000. [ ] $2,000,000. [ ]
Minimum Annual Premium: $750. $850.

Estimated Annual Revenue: $_____ No. of Years in Business: _____

Previous Insurer: _____ Policy #: _____ Expiry Date: ____/____/_____
Previous Insurance Declined or Cancelled? No [ ] Yes [ ] If Yes, Why? _____

1. Please describe your training activities fully:

2. Do you have clients sign contracts for training sessions? No [ ] Yes [ ]
If so, do you include a waiver as part of the standard contract? No [ ] Yes [ ]

3. Do you have any other operations, such as boarding, kennels, grooming, dog walking, etc.?

4. Where do training sessions take place?

5. Have you had any claims in the last five years? No [ ] Yes [ ] If yes, please describe

Date	Description	Estimate or Amount Paid

7. Do you have other business insurance needs, such as office contents, equipment, etc.?
If so, please describe

DATE: _____ SIGNATURE: _____

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