

Vet & Pet Care Quote Form

Producer: _____

Date: _____

General Information

Business Name: _____

Address: _____

Phone: _____

Email: _____

Contact Name: _____

Website: _____

Description of Operation: _____

Legal Entity (Corp, LLC, etc.): _____

FEIN #- _____

Years in Business: _____

Current Insurance Company: _____

Years with Current Insurance Company: _____

Renewal Date: _____

Number of Owners: _____

Number of Part Time Employees: _____

Number of Full Time Employees: _____

Gross Annual Sales: _____

Underwriting Questions –

If any questions are answered yes – provide more details to discuss with company underwriter.

Does the Applicant work with anything other than domestic animals? _____

(If yes, do not bind. Contact underwriter.) _____

Does the Applicant sell exotic animals? _____

(If yes, do not bind. Contact underwriter.)

Does the Applicant provide services for high value/ prize/racing/show/exotic animals? _____

Does the Applicant provide kenneling/boarding? _____

(If yes, do not bind. Contact underwriter.) _____

Does the Applicant provide Mobile Services? _____

Does the Applicant keep controlled substances on site? _____

Y N (If yes, Central Station Burglar Alarm required.) _____

Does the Applicant operate a crematorium on site? _____

Does the Applicant operate as a shelter? _____

Does the applicant operate as a Breeder? _____

Does the Applicant operate as a Training or Obedience School? _____

Does the Applicant offer any other off premises services (ie: in home pet sitting/dog walking)? _____

Additional Details:

Building Information

How many locations does your business occupy? _____

Location Address	Year Built	Square Footage	Construction Type	Roof	Electrical	Plumbing	HVAC	Building \$	Contents \$

Is the building equipped with any of the safety features listed below?

_____ Smoke Alarm- if yes, are they hardwired or battery

_____ Fire Alarm- Report to central station or only sound alarm on premises

_____ Burglar Alarm- Report to central station or only sound alarm on premises

_____ Fire Extinguishers- annually serviced

_____ Sprinkler System- Full Building or Partial

Building & Contents Coverage

How much coverage do you desire for the building at this location?

How much coverage do you desire for business personal property or the contents at this location?

What deductible do you desire for damage to your building or property? _____

Is this building financed? If so, how much do you owe on it?

Employment Related Practices

Would your business like to be protected from lawsuits involving Employment Related Practices such as sexual harassment, wrongful termination, and discrimination?

Coverage Amount: _____ Deductible: _____

Data Compromise

Would you like for your business to be protected from lawsuits arising from cyber-attacks on your computer systems or network that results in the theft of your clients or employees personal information such as bank, credit card, or social security numbers?

Coverage Amount: _____ Deductible: _____

Employee Benefits Liability

Would you like for your business to be protected from lawsuits arising from the administration of your employee benefits program?

Coverage Amount: _____ Deductible: _____

Professional Liability

Would you like for your business to be protected from lawsuits arising from Professional Errors or Omissions during your services?

Coverage Amount: _____ Deductible: _____

Professional Liability Specific Questions

Are all professional employees of the Applicant licensed as required by law? _____

(If no, do not bind Professional Liability. Contact underwriter.)

Is the Applicant a member of a local or national pet care organization? _____

(If yes, provide name) _____

Do any licensed employees work for others in addition to the Applicant? _____

(If yes, explain under Additional Notes) _____

Has the Applicant, the applicant's business, or any of the applicant's employees had a professional liability claim within the last five years? _____

(If yes, do not bind Professional Liability. Contact underwriter.)

Additional Notes: