



8722 S. Harrison St. Sandy, UT  
84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**BOARDING / KENNEL**

**1. General Information**

Proposed effective date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

Applicant's mailing address: \_\_\_\_\_

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

Email: \_\_\_\_\_ 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: \_\_\_\_\_

Estimated gross receipts during next 12 months: \_\_\_\_\_

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

Please list the owners of the business applying for insurance and identify how many years' experience the owners have in this type of business: \_\_\_\_\_

\_\_\_\_\_



- e. Length of training period for volunteers: \_\_\_\_\_
- f. Do your volunteers sign a hold harmless waiver?  Yes  No
- g. Is there a volunteer procedure manual in place?  Yes  No
- h. Do you require any background experience in the animal care field for volunteers or employees?  
 Yes  No
- i. Do you offer any training?  Yes  No
- j. If yes, how many animals are trained per year? \_\_\_\_\_
- k. Charge for training? \_\_\_\_\_
- l. What type of training is offered? \_\_\_\_\_  
\_\_\_\_\_
- m. Are animals trained by you?  Yes  No
- n. Are animal owned by you?  Yes  No
- o. Maximum number of animals boarded at any one time? \_\_\_\_\_
- p. Average number of animals boarded per week? \_\_\_\_\_
- q. What type of animals do you board? \_\_\_\_\_
- r. What is charge to board an animal? \_\_\_\_\_
- s. Do you offer any animal day care service?  Yes  No
- t. Do you provide grooming services?  Yes  No
- u. If yes, number of animals groomed annually? \_\_\_\_\_
- v. Do you offer a spay/neuter program to the public?  Yes  No
- w. Do you operate in more than one state?  Yes  No If so, how many? \_\_\_\_\_

Indicate gross receipts for each of the following:

| SERVICE               | GROSS RECEIPTS |
|-----------------------|----------------|
| Boarding              | \$             |
| Day Care              | \$             |
| Training              | \$             |
| Veterinarian Services | \$             |
| Grooming              | \$             |
| Other:                | \$             |
| Other:                | \$             |
| <b>TOTAL:</b>         | \$             |

**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: \_\_\_\_\_

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

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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