PET PAK PROGRAM APPLICATION
General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____ Policy Term _____

Telephone _____ Professional License Type and Number (if required) _____

Business Organization: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____

Description: ☐ Veterinarian ☐ Animal Grooming ☐ Other (Describe) _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll $_____ Estimated annual receipts $_____ Years in business _____

Do you offer: _____ Training of attack dogs _____ Animal obedience training

Are you: _____ In private practice _____ An employee _____ Subcontractor

Are all applicants partners and employees currently licensed? _____

Please list and explain any actions taken against your professional licenses in the last 5 years (i.e. revocation, suspensions, fines, etc.) _____

List professional degrees or achievements, memberships in professional organizations _____

_____

Explain any work done with thoroughbreds, exotic or rare animals, commercial ranching or farming _____

_____

THREE YEAR LOSS EXPERIENCE

Date	Losses (description and amounts paid and incurred)
_____	_____
_____	_____
_____	_____

Comments _____

_____

_____ _____

Applicant Signature Producer Name & Address

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY