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ANIMAL SERVICES PROGRAM SUPPLEMENTAL APPLICATION

(Completed in addition to the ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Description of operations/services provided. Indicate annual sales for each of the following described classes:

Description of Operations/Services	Annual Sales	Description of Operations/Services	Annual Sales
Animal Catchers (dog, cat, chicken, etc.)		Other Training Operations:	
Animal Catchers—Other—Describe:			• Exotic Animal Training for Use in TV, Movie, Commercials, Videos or Theatrical Shows
Behavioral/Psychiatry Consultant			• Drug, Explosives or Firearms Detection
Excrement and/or Carcass Removal Services			• Guard Animal Training or operations
Guide/Companion Animal Training			• Horse Training
Hunt Dog Training		Horse Riding Instruction	
Kennels:		Riding Academies	
	• Breeding, Boarding or Sales	Animal Shows or Contests	
	• Animal Adoption Services or Foster Care	Animal Rides Incl. Sleigh/Carriage Rides	
	• Animal Hotel and/or Pet Day Care Center	Pony Sweeps	
	• Animal Shelter	Livestock:	
	• Humane Society		• Auctions
• Gift and/or Thrift Shops	• Artificial Insemination Services		
Obedience Schools		• Breeding	
Pet Grooming Incl. Mobile Grooming		• Dealers	
Pet Store		Petting Zoos	
Pet Sitters		Stables (boarding, livery or racing)	
Pet Walkers		Veterinarian Services	
Therapy Dog Training or Services		Veterinary Hospitals or Clinics	
Other—Describe:			

2. **Kennels—Breeding, Boarding or Sales, Animal Shelters, Humane Societies:** Kennel is defined as “each individual compartment” used for housing an animal. Indicate total number of kennels/compartments: _____
3. **Animal Adoption Services Including Foster Care, Animal Hotels, Pet Day Care Centers** (Not Kennels, Animal Shelters or Humane Societies): Indicate average daily number of animals under your care: _____
4. **Any other premises or operations exposures not stated in this application?**..... Yes No
If yes, explain: _____
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5. Do you provide Therapy Dog services? Yes No
 a. Have all dogs used in this service passed the American Kennel Clubs Canine Good Citizen Test or equivalent and have additional required training to have certification/title as a Therapy Dog? Yes No
 b. Name of organization or association that has provided certification: _____
6. Check the following if you are a member of the organization:
 American Animal Hospital Association (AAHA)
 American Boarding Kennels Association (ABKA)
 American Society for the Prevention of Cruelty to Animals (ASPCA)
 American Humane Association (AHA)
 American Veterinary Medical Association (AVMA)
 Humane Society of the United States (HSUS)
 Intergrom
 National Association of Dog Obedience Instructors
 National Association of Professional Pet Sitters
 National Dog Groomers Association of America, Inc. (NDGAA)
 Pet Industry Joint Advisory Council
 Society of Dog Trainers
 Other—Describe: _____
7. Are you licensed by the United States Department of Agriculture (USDA)?..... Yes No
License Number: _____
8. Do you follow the practices and regulations of the Animal Welfare Act? Yes No
9. a. Do you import animals?..... Yes No
 b. Are you a licensed customs importer subject to regulation by the U.S. Department of Customs?..... Yes No
10. Kennels Breeding
 Type of animal: Dog Cat Other—Describe: _____
 Breed(s): _____
 Number of litters sold per year: _____
 Total number of animals sold per year: _____

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

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APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

LICENSED AGENT: _____
(Applicable in Iowa Only)