ABEX Affiliated Brokers Exchange Inc.
231 Shearson Cres., Suite 304
Cambridge, ON N1T 1J5
T: (519) 880-0044
E: quotes@abexinsurance.com
www.abexinsurance.com

ABEX INSURANCE

PET CARE PROFESSIONAL APPLICATION

Brokerage:	Broker Contact:
Broker Address:	Email:
Broker Code:	Effective Date:

Full Names of All Insureds:	
Name of Principals:	
Mailing Address:	
Website Address:	

Underwriting Details:

1. Provide details of your current Commercial General Liability Insurance

Expiry Date   Limit: Deductible: Premium: Insurer:

2. Fully describe the nature of your business activities (if no website, attach brochure or company literature along with this form):

3. Number of years in business and experience of Insured:

4. Does the Insured have a local authority license to operate *(where applicable):* ☐ Yes ☐ No ☐ Not Applicable

5. For the upcoming year, do you anticipate any changes to the type of work you will be performing? If yes, please provide details:

6. Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include experience of companies that have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence	Claim Amounts				Status of Claim
		Reserve	Paid	Expenses	Deductible	
						☐Open ☐ Closed
						☐Open ☐ Closed
						☐Open ☐ Closed

7. Select any of these that apply to the Insured's operations:

Please note, if any of the below marked with an asterisk are checked off, the risk will need to be referred to our markets

☐	Any Claims in last 5 years*	☐	Breeding Activities*
☐	Turnover greater than $250,000*	☐	Veterinary Services*
☐	Product Sales greater than $50,000*	☐	Manufacturing Risks*
☐	Sales to the USA*	☐	Equine Training & Activities*
☐	Physical operations outside of Canada *if checked, we would decline.*	☐	Prior insurance declined. *if checked, we would decline.*

8. Date of financial year end:
   State your revenue in respect of the following years:

	Last complete Financial Year	Estimate for Current Financial Year
Canadian Revenue		
USA Revenue		
Other Territory Revenue		

ABEX
INSURANCE

PET CARE PROFESSIONAL APPLICATION

ABEX Affiliated Brokers Exchange Inc.
231 Shearson Cres., Suite 304
Cambridge, ON N1T 1J5
T: (519) 880-0044
E: quotes@abexinsurance.com
www.abexinsurance.com

9. List all your building or premises (please list on a separate sheet if more space is required):

Address	Ownership Status	% Occupied by Insured	Operations Performed at Each Location	Building Type (Frame/Masonry etc.)
	☐ Owned ☐ Rented			
	☐ Owned ☐ Rented			
	☐ Owned ☐ Rented			
	☐ Owned ☐ Rented			

Are the above leased or rented in their entirety to others who control and operate the premises' elevator or boilers?

10. Please provide the following details on the above locations:

	Type	Year Updated
Electrical Wiring & Amperage		
Breakers or Fuses		
Plumbing		
Heating		
Supplementary Heating		
Roof		

Year Built	
Number of Stories	
Building Area in Sq. Ft	

	Yes	No		Yes	No
Hydrant within 300 meters?	☐	☐	Fire Alarm Protected?	☐	☐
Firehall within 8kms?	☐	☐	Burglary Alarm Protected?	☐	☐
Is it a volunteer firehall?	☐	☐	Sprinklered?	☐	☐
Minimum one (1) smoke detector per floor?	☐	☐	Extinguishers available?	☐	☐
Is the risk located within 50kms of an active fire zone? *If yes, we would decline.*	☐	☐	Does the risk meet local Fire Code & Bylaw Requirements for its current occupancy?	☐	☐
Is the risk in an active flood zone? *If yes, we would decline.*	☐	☐	Is the lot bigger than one (1) acre? *If yes, how many acres?*	☐	☐

11. Please provide details of your current Errors & Omissions Insurance (if any):

	Effective Date	Limit	Deductible	Premium	Insurer
Current					

ABEX
INSURANCE

ABEX Affiliated Brokers Exchange Inc.
231 Shearson Cres., Suite 304
Cambridge, ON N1T 1J5
T: (519) 880-0044
E: quotes@abexinsurance.com
www.abexinsurance.com

PET CARE PROFESSIONAL APPLICATION

12. Breakdown of Coverage:
If required limit is above the listed amount, the risk will need to be reviewed by an Underwriter.

Coverage	Limits Required (Self-rating, please select coverages below and calculate total)	Premium
Medical Expenses *any one person*	☐ $10,000 (INCL) ☐ $20,000 ($50)	
Tenants Legal Liability	☐ $500,000 (INCL) ☐ $1,000,000 ($50) ☐ $2,000,000 ($100)	
Non-Owned Automobile	☐ $1,000,000 (INCL) ☐ $2,000,000 ($100) *Subject to Underwriter review*	
Legal Liability for Damage to Hired Auto Extension (SEF94)	☐ $50,000 ($50)	
Property Contents ($1,000 deductible)	☐ $20,000 ($100) ☐ $50,000 ($325) *If required limit is above the listed amount, the risk will need to be reviewed by an Underwriter.*	
Loss of Keys Cover	☐ $5,000 in the annual aggregate (INCL) ☐ $10,000 in the annual aggregate ($50)	
Care, Custody & Control	☐ $50,000 any one accident or series of accidents (Liability of Animals) arising out of one original cause, $5,000 any one animal. (INCL) ☐ $250,000 any one accident or series of accidents (Liability of Animals) arising out of one original cause, $50,000 any one animal. ($100)	
Veterinary Fees Extension *only applicable to boarding, catteries and kennels*	☐ $1,000 per animal/$5,000 in the aggregate for Vet Fees for injury or illness to animals in your care ($100)	
Animal Show/Demonstration Insurance *Excluding Liquor*	☐ Exhibitor – *up to policy limits* (INCL) ☐ Standalone Whole Event Cover – *up to policy limits, maximum of 500 attendees per day* ($400) ☐ Individual Event Coverage – *up to policy limits, maximum of 500 attendees per day* ($50 per event)	

Commercial General Liability:

Activity	Rating Basis	Answer	Percentage of Revenue	Base Rate Calculations	
Pet Trainer	Number of Trainers				
Pet Daycare	Number of Pets				
Pet Groomer	Number of Groomers				
Pet Therapies *Excl. Equine and Vets*	Number of Therapists				
Dog Walkers	Number of Walkers				
Dog Kennels *Minimum $315 premium applies*	Number of Dogs				
Catteries *Minimum $315 premium applies*	Number of Cats				
Dog Clubs & Societies *Minimum $263 premium applies*	Number of Members				
Pet Transportation	Business				
Microchipping	Number of Trainers				
Manufacture of Pet Accessories *Minimum $105 premium applies*	Revenues				
Greyhound Dog Assessment	Number of Assessors				
Pound Dog Assessment	Number of Assessors				
Manufacture of Dry Dog Food & Treats *Minimum $105 premium applies*	Revenue				
Product Sales (up to $50,000) *Minimum $105 premium applies*	Revenue				

If required limit is above the listed amount, the risk will need to be reviewed by an Underwriter.

ABEX Affiliated Brokers Exchange Inc.
231 Shearson Cres., Suite 304
Cambridge, ON N1T 1J5
T: (519) 880-0044
E: quotes@abexinsurance.com
www.abexinsurance.com

PET CARE PROFESSIONAL APPLICATION

Errors & Omissions	☐ $1,000,000 (INCL) *If $2,000,000 limit is required, the risk will need to be reviewed by an Underwriter.*	
Building Coverage Required	☐ Yes ☐ No *If building coverage is required, the Commercial Building Owner Application, found on our website, will need to be completed and reviewed by an Underwriter.*	
Deductible	☐ $1,000 (BASE) ☐ $2,500 (-5%) ☐ $5,000 (-10%) ☐ $10,000 (-15%)	
Policy Fee		$160
Total Premium		
Additional Comments		

Underwriting Considerations:

- If Named insured is a numbered company, confirmation must be obtained that the insured does no other business under these operations
- No Cancellations for non-payment
- $1,000 set deductible for Property Contents
- $5,000 set deductible for US sales
- Maximum of $10,000,000 liability limit

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such a credit information and claims history.

Signature(s) of all Named Insureds (only required if binding):	Full name(s) of Named Insured:
Positions Held by Insured:	Date:

Absolutely NO COVERAGE is given by this application form.

Coverage is only granted upon written confirmation of binding from ABEX.

This Section is For Broker Use Only

*

* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **service@abexinsurance.com**