



# Pet Care Professional Application

ABEX Affiliated Brokers Exchange Inc.  
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Brokerage:	Broker contact:		
Broker address:	Email:		
Broker code:	Policy Number (for renewal purposes only):	Effective Date:	
Full names of all Insureds:			
Names of Principals:			
Mailing address:			
<b>Underwriting Details</b>			
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, including website address. (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):			
5. We are accepting Risks with revenues up to \$250,000. Select all that apply:			
Activity	Rating Basis	Answer	Percentage of Revenue
Pet Trainer	Number of trainers		
Pet Daycare	Number of pets		
Pet Groomers	Number of groomers		
Pet Therapies (Ex Equine & Vets)	Number of therapists		
Dog Walkers	Number of dog walkers		
Dog Kennels	Number of dogs		
Catteries	Number of cats		
Dog Clubs & Societies	Number of members		
Pet Transportation	Business		
Microchipping	Number of trainers		
Manufacture of Pet Accessories	Turnover		
Greyhound Dog Assessment	Number of assessors		
Pound Dog Assessment	Number of assessors		
Security Dog Training	Number of trainers		
Manufacture of Dry Dog Food & Treats	Turnover		
Products Sales (up to \$50,000)	Turnover		
Event Coverage required?	Number of events hosted per year:		
Yes      No	Number of attendees per event:		

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

<input type="checkbox"/>	Insureds with any business outside the listed classifications	<input type="checkbox"/>	Breeding Activities
<input type="checkbox"/>	Any claims in last 5 years	<input type="checkbox"/>	Veterinary Services
<input type="checkbox"/>	Product Sales greater than \$50,000	<input type="checkbox"/>	Include all manufacturing risks
<input type="checkbox"/>	Any sales to the US	<input type="checkbox"/>	Equine Activities & Training
<input type="checkbox"/>	Any business with turnover over \$250,000	<input type="checkbox"/>	

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

8. Date of financial year end: \_\_\_\_ / \_\_\_\_ (dd/mm). 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:		

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

Address	Owned Rented	% Occupied by You	Operations performed at each location

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

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

	Effective Date	Limit	Deductible	Premium	Insurer
Current					

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

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

12. What coverage do you require?

Coverage	Limit	Coverage	Limit
Commercial General		Tenant's Legal Liability	
Commercial General Aggregate		Employee Benefits Liability	
Non-Owned Automobile		Deductible	
Select desired property/contents limits:	\$20,000	\$50,000	or other desired limit:
E&O Limit offered:	\$1,000,000		
Loss of Keys Cover <i>No Excess applies</i>	Included: \$5,000 in the annual aggregate		\$50 For \$10,000 in the annual aggregate
Care Custody & Control (Animal Liability) <i>\$100 Excess applies</i>	Included: \$50,000 any one accident or series of accident, (Liability to Animals) arising out of one original cause, \$5,000 any one animal. \$100 For \$250,000 any one accident or series of accident, (Liability to Animals) arising out of one original cause \$50,000 any one animal.		
Veterinary Fees Extension (applicable to Boarding, Catteries, Kennels)	\$100 For \$1,000 per animal/\$5,000 in the aggregate for Vets Fees for injury or illness to animals in your care.		
Animal Show/Demonstration Insurance Extension <i>Excluding Liquor</i>	Included: Exhibitor (up to policy limits) For Whole Event Cover (up to policy limits, per day up to 500 attendees): \$400 - Standalone business \$50 AP - Per event		
Medical Expenses any one Person:	\$10,000	\$20,000	
Is building coverage required?	Yes	No	If 'yes', please complete <a href="http://www.abexinsurance.com/applications">Commercial Building Owner Application found at: www.abexinsurance.com/applications</a>

13. Additional comments:

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 commercial 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 as credit information and claims history.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.  
Coverage is only given upon written confirmation of binding from ABEX.**

**This Section is For Broker Use Only**

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\*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 email the application to [quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)