

<p>AnimalKeepers Insurance Program Application MULTI-STATE</p>		<p>McNeil &amp; Company, Inc. PO BOX 5670 Cortland, NY 13045 Phone (800) 822-3747 Fax (607) 756-5051</p>
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**General Information**

Date of Survey: \_\_\_\_\_ Date Proposal Needed: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shelter Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Agent Information**

Agents Name: \_\_\_\_\_ CSR or Other Contact: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you currently write this account?  Yes  No

If Yes, for how long? \_\_\_\_\_ Which what Carrier? \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If Yes, please indicate Agency Name: \_\_\_\_\_

**Organization Information**

Is your organization a 501 (c) 3?  Yes  No

Year organization was established: \_\_\_\_\_

Does your organization provide shelter for large, wild or exotic animals?  Yes  No

Is there a staff member on premise at all times?  Yes  No

Does your organization employ animal control officers?  Yes  No

If yes, a. Do the officers have citation or arrest authority?  Yes  No

b. Do the officers carry firearms?  Yes  No

c. Do the officers carry separate liability coverage?  Yes  No

Total Revenue (for the current year): \_\_\_\_\_

**EMPLOYEES & VOLUNTEERS:**

Do you have a formal training procedure for employees & volunteers?  Yes  No

## AnimalKeepers Insurance Program

To whom do the volunteers report? \_\_\_\_\_

Do you provide personal protective equipment (latex gloves, bite gloves, restraining poles)?  Yes  No

Do you provide training and information on zoonotic disease to employees and volunteers?  Yes  No

**ANIMAL HEALTH ASSESSMENT:**

Are the health and conditions of animals evaluated prior to placement in general population?  Yes  No

Are all animals vaccinated?  Yes  No

Do you spay or neuter?  Yes  No

Do you perform euthanasia?  Yes  No

Are all drugs and narcotics kept under lock and key with restricted access?  Yes  No

Is there a crematory on premise?  Yes  No

**ANIMAL BEHAVIOR ASSESSMENT:**

Is there a Certified Animal Behaviorist on staff?  Yes  No

Are the following temperament tests performed on each animal?

- a. Food Aggression  Yes  No
- b. Aggression toward other animals  Yes  No
- c. Aggression toward persons/children  Yes  No

Are all animals leashed or in carriers when out of kennels?  Yes  No

Are kennels clearly labeled for animals deemed aggressive?  Yes  No

Do you place animals with aggressive behaviors into foster or adoptive homes?  Yes  No

**ADOPTIVE & FOSTER HOMES:**

Do you have written procedures and guidelines in place for determining suitable foster/adoptive homes?  Yes  No

Are visitors supervised at all times while handling adoptable animals?  Yes  No

Does the adoption agreement contain a hold harmless waiver?  Yes  No

Are all foster homes required to sign a contract?  Yes  No

Does the contract contain a hold harmless waiver?  Yes  No

Do you participate in off-site adoption events?  Yes  No

If yes, how many per year: \_\_\_\_\_

**SPECIAL EVENTS/FUNDRAISERS:**

Event	# of Expected Attendees	Location	Gross Revenue	Is Alcohol Served or Sold?	Is a Waiver required of participants?
			\$		
			\$		
			\$		



## AnimalKeepers Insurance Program

Has any claim been made or suit filed against the company and/or its employees in the past 5 years alleging an error or omission in the administration\* of your benefit programs?  Yes  No

If yes, please describe: \_\_\_\_\_

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable per to believe that a claim or suite might result?  Yes  No

If yes, please describe: \_\_\_\_\_

**\*Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants.**

### Property Coverage

Building & Contents Deductible:  \$500  \$1,000  \$2,500  Other \_\_\_\_\_

Coinurance Percentage:  80%  90%  100%

Blanket Coverage:  Building Only  Contents Only  Building/Contents Combined  None

### PROPERTY SCHEDULE

Location Number	Address	Limit of Insurance Building		Limit of Insurance Personal Property		Number of Stories							
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"> <b>Construction Type</b>  <input type="checkbox"/> Type 1-Frame  <input type="checkbox"/> Type 2-Joisted Masonry  <input type="checkbox"/> Type 3-Non-combustible  <input type="checkbox"/> Type 4-Masonry non-combustible  <input type="checkbox"/> Type 5-Modified fire resistive  <input type="checkbox"/> Type 6-Fire resistive                 </td> <td style="width: 30%; border: none;"> <b>Occupancy Type (check all)</b>  <input type="checkbox"/> Office  <input type="checkbox"/> Animal Housing  <input type="checkbox"/> Medical Facility  <input type="checkbox"/> Crematory  <input type="checkbox"/> Storage  <input type="checkbox"/> Other (describe) _____                 </td> <td style="width: 10%; border: none;"> <input type="checkbox"/> Own  <input type="checkbox"/> Lease                 </td> <td style="width: 10%; border: none;">                     Year Built _____                       Year Updated _____                 </td> <td style="width: 10%; border: none;">                     Building Square Footage _____                 </td> <td style="width: 10%; border: none;">                     Square Footage You Occupy _____                 </td> <td style="width: 10%; border: none;"> <b>Burglar Alarm</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No                 </td> <td style="width: 10%; border: none;"> <b>Sprinkler System</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No                 </td> </tr> </table>	<b>Construction Type</b> <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive	<b>Occupancy Type (check all)</b> <input type="checkbox"/> Office <input type="checkbox"/> Animal Housing <input type="checkbox"/> Medical Facility <input type="checkbox"/> Crematory <input type="checkbox"/> Storage <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____  Year Updated _____	Building Square Footage _____	Square Footage You Occupy _____	<b>Burglar Alarm</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sprinkler System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
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## AnimalKeepers Insurance Program

Location Number	Address	Limit of Insurance Building		Limit of Insurance Personal Property	Number of Stories		
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**Type 1-Frame** - Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.

**Type 2-Joisted Masonry** - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

**Type 3-Non-Combustible** - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials.

**Type 4-Masonry Non-Combustible** - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.

**Type 5-Modified Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.

**Type 6-Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

**For additional locations please include Acord Application.**

### Inland Marine

No Coverage Requested

### Scheduled Equipment

No.	Description (Year, Make, Model, Serial No.)	Limit of Insurance	Deductible
1		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
2		\$	
3		\$	
4		\$	
5		\$	

### Business Auto

No Coverage Requested

Indicate the desired coverage below:

\$ \_\_\_\_\_ Auto Liability

\$ \_\_\_\_\_ Medical Payments

\$ \_\_\_\_\_ PIP / No Fault (Medical Expense Benefits – Applies Only in PA)

\$ \_\_\_\_\_ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)

\$ \_\_\_\_\_ OBEL (Applies Only in NY)

\$ \_\_\_\_\_ Uninsured Motorists/ Underinsured Motorists B.I.    Stacking    Non-Stacking (if applicable)

\$ \_\_\_\_\_ Uninsured Motorists/ Underinsured Motorists P.D.

Indicate the desired deductible for scheduled vehicles with Physical Damage Coverage:



## AnimalKeepers Insurance Program

<input type="checkbox"/> Position Schedule	Position	Limit of Insurance	Excess over Blanket
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Computer Fraud and Funds Transfer		\$ _____	
<input type="checkbox"/> Faithful Performance			
<input type="checkbox"/> Forgery or Alterations		Limit of Insurance: \$ _____	

How are the organizations computers secured? \_\_\_\_\_

How are online login credentials secured? \_\_\_\_\_

Does anyone have access to an organization credit card (including debit cards)?  Yes  No

If yes, are they authorized to make online purchases?  Yes  No

Does anyone have access to the organizations accounts from home?  Yes  No

If yes, do they use an organization-issued computer, or a personal computer?  Organization  Personal

If they use an organization computer, are other household members barred from using it?  Yes  No

### Money and Securities

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____

### General Crime Information

Are internal account reviews conducted?  Yes  No

If yes, by whom and how often are accounts examined? \_\_\_\_\_

When were the accounts last examined? \_\_\_\_\_

Are Invoices or Requisitions, Check Registers and Bank Statements cross-checked against each other at reconciliation?  Yes  No

Do all checks require 2 signatures?  Yes  No

If No, do checks over a certain amount require 2 signatures?  Yes in excess of: \$ \_\_\_\_\_  No

Are procedures in place requiring segregation of duties so that no single transaction can be fully controlled from organization to completion by one person?  Yes  No

Do you prohibit employees who reconcile monthly bank statements from a. Signing Checks?  Yes  No

b. Making Withdrawals?  Yes  No

c. Handling deposits?  Yes  No

Do you maintain a list of authorized vendors?  Yes  No

Do you verify invoices against a corresponding purchase order, receiving report and/or vendor list prior to issuing payment?  Yes  No

Do you perform reference checks, including criminal history checks, on persons who frequently handle money?  Yes  No

## AnimalKeepers Insurance Program

### Excess Liability

No Coverage Requested

Limit of Insurance:  \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1,000,000 bodily injury by accident/\$1,000,000 bodily injury by disease/\$1,000,000 bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Employers Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident

\$ \_\_\_\_\_ Bodily Injury by Disease

\$ \_\_\_\_\_ BI by Disease Policy Limit

*\*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

### Additional Interests

List any entities that need to be listed as Additional Insured, Loss Payee or Mortgagee along with their interest.

Loc. No.	Name & Address	Loss Payee	Mortgage-holder	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				

### Current Insurance

Line of Business	Name of Insurer	Annual Premium
General Liability		\$
Professional Liability		\$
D&O / EPLI		\$
Cyber Liability		\$
Property		\$
Business Auto		\$
Crime		\$
Inland Marine		\$
Excess/Umbrella		\$
		\$



## AnimalKeepers Insurance Program

### Prior Loss Information

Have there been any claims or losses in the last 5 years?

Yes  No

If yes, please indicate all known claims and losses for the past 5 years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved. Attached separate pages if needed.

Date of Occurrence	Date of Claim	Type of Claim & Description of Occurrence	Amount Paid	Amount Reserved	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed

### Submission Requirements

Copies of current Declaration Pages

Complete list of drivers including full name, date of birth, license number, state where individual is licensed & date of hire

**Management Liability**

No Coverage Requested

**NOTICE: THE EMPLOYMENT PRACTICES LIABILITY AND DIRECTORS & OFFICERS LIABILITY COVERAGE PARTS OF THE POLICY APPLIED FOR PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF ANY LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY FOR THE COVERAGE TO WHICH SUCH LIMIT APPLIES, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, SHALL APPLY TO THE DEDUCTIBLE. NOTICE: A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED. NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.**

Directors & Officers Liability

Claims Made Limit:  \$1,000,000       \$2,000,000       Other: \_\_\_\_\_  
 Pending & Prior Litigation Exclusion: \_\_\_\_\_

Employment Practices Liability

Claims Made Limit:  \$1,000,000       \$2,000,000       Other: \_\_\_\_\_  
 Pending & Prior Litigation Exclusion \_\_\_\_\_

Shared Limit     Separate Limits

**GENERAL ORGANIZATION INFORMATION**

**A. Does the Applicant:**

1. Currently have or previously had any disputes as to Applicant's tax exempt status?  Yes     No

*If "Yes" to the above, attach a detailed explanation.*

**B. Has the Applicant experienced within the past year, or does it expect to experience in the next year, any:**

- 1. Bankruptcy proceedings or reorganizations or arrangements with creditors under federal or state law?  Yes     No
- 2. Location, facility, or office closings, consolidations or layoffs?  Yes     No
- 3. Changes in its operations or services?  Yes     No
- 4. Involuntary terminations of officers or senior employees?  Yes     No
- 5. Breach/violation of loan agreement or other material contractual obligation?  Yes     No

*If "Yes" to 1 through 5, attach a detailed explanation. For question 4, include details on reason(s) for change(s) or termination(s), and details on whether severance was paid or waivers signed.*

## AnimalKeepers Insurance Program

C. Please complete the following information (for the current year):

Total Assets: \_\_\_\_\_ Total Liabilities: \_\_\_\_\_

*If revenue > \$1MM, provide most recent IRS Form 990 (or audited financial statements).*

### EMPLOYMENT PRACTICES INFORMATION

A. Employee Count	Current Year	Previous Year
1. Full time employees:	_____	_____
2. Part time employees:	_____	_____
3. Employees located in CA:	_____	_____
4. Involuntary terminations (past 12 months):	_____	_____

B. Does the Applicant distribute and record the receipt of the below written procedures to all employees:

- |                                                         |                                                          |
|---------------------------------------------------------|----------------------------------------------------------|
| 1. Equal Opportunity Employment?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Prohibition of Discrimination and Sexual Harassment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### LOSS/CLAIMS INFORMATION (DO NOT COMPLETE FOR RENEWALS)

A. Regarding the coverage(s) applied for, has the Applicant given notice of any claim, circumstance, potential claim, or loss to any insurer during the past 5 years?  Yes  No  
*If "Yes" attach detailed explanation of all such claims, circumstances, potential claims and losses.*

B. Has the Applicant or any person or entity proposed for coverage been the subject of, or been involved in, an civil, criminal or administrative actions or proceedings during the past 5 years, including (but not limited to):

1. Anti-trust, membership denial, copyright or patent litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Discrimination or harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Any other civil, criminal or administrative actions or proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If "Yes" for 1 through 3 above, attach a detailed explanation.*

C. Regarding the coverage(s) applied for, has any insurer cancelled or refused to renew any such coverage(s) within the past 3 years?  Yes  No  
**(MISSOURI RESIDENTS SHOULD NOT ANSWER THIS QUESTION)**

D. Regarding the coverage(s) applied for, have there been any claims against any person or entity proposed for coverage that may fall within the scope of such coverages during the past 5 years?  Yes  No  
*"Yes" attach a detailed explanation.*

### PRIOR KNOWLEDGE – MANAGEMENT LIABILITY COVERAGE PARTS (DO NOT COMPLETE FOR RENEWALS)

Does any person or entity proposed for coverage have any knowledge of or information concerning any actual or alleged act, error, omission, fact or circumstance which may result in a claim that may fall within the scope of coverage applied for? *If "Yes" attach a detailed explanation.*  Yes  No

**IT IS AGREED THAT ANY CLAIM ARISING FROM, BASED UPON, OR ATTRIBUTABLE TO ANY ACTUAL OR ALLEGED ACT, ERROR, OMISSION, FACT OR CIRCUMSTANCE OF WHICH ANY SUCH PERSON OR ORGANIZATION HAS ANY KNOWLEDGE OR INFORMATION WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete. Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any policy of a claim or potential claim. All such notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

### Application Signatures & State Fraud Statement

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**AnimalKeepers Insurance Program**

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer, Executive Director, Chief Financial Officer, President, General Counsel, Trustee, or Chairperson or any equivalent position.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Insurance Agent's Signature \_\_\_\_\_ Date: \_\_\_\_\_