

Animal Care, Custody and Control Application



APPLICANT'S NAME & ADDRESS	AGENCY NO.	AGENCY NAME
	SUB-PRODUCER NO.	
TELEPHONE NO.		TELEPHONE/FAX

Effective Date of Coverage _____ Location of Business _____

Limits Desired	
<input type="checkbox"/> \$5,000 per animal/\$25,000 maximum loss per policy year	<input type="checkbox"/> \$25,000 per animal/\$100,000 maximum loss per policy year
<input type="checkbox"/> \$5,000 per animal/\$50,000 maximum loss per policy year	<input type="checkbox"/> \$25,000 per animal/\$250,000 maximum loss per policy year
<input type="checkbox"/> \$10,000 per animal/\$50,000 maximum loss per policy year	<input type="checkbox"/> \$25,000 per animal/\$300,000 maximum loss per policy year
<input type="checkbox"/> \$10,000 per animal/\$100,000 maximum loss per policy year	<input type="checkbox"/> \$50,000 per animal/\$300,000 maximum loss per policy year
<input type="checkbox"/> \$15,000 per animal/\$100,000 maximum loss per policy year	<input type="checkbox"/> \$100,000 per animal/\$300,000 maximum loss per policy year
Coverage is not available if the insured is conducting racing, showing or equestrian entertainment activities or exhibitions at the insured location. Coverage is not available to professional livestock haulers.	

Does Applicant Own Premises Lease Premises
 Location of Premises _____

Business is Breeding Farm Training Boarding

How many years in business? _____

Average number of animals in your care, custody and control at any time? _____

Maximum number of animals in your care, custody and control? _____

Are there any times when the number of animals may increase for a temporary amount of time? _____

Maximum value of animals in your care, custody and control? Individual animal _____ Total animals _____

Average value of animals in your care, custody and control? Individual animal _____

Are shelters provided in runs or pastures? Yes No

Do you require health statements before accepting non-owned animals? Yes No

Do you have a boarding and release agreement? Yes, attach a copy No

Do you stand breeding males? Yes, how many _____ No

Describe the level of security or supervision at your premises. _____

What type of fire protection exists (i.e. smoke alarms, lightning rods, fire extinguishers, etc.)? _____

What are the emergency procedures for an ill animal if the owner is not available? _____

Name and address of regular veterinarian _____

Do you transport animals for others (The policy does not provide coverage for hauling non-owned animals other than those you board/train/breed)? Yes, Maximum number of trips/year? _____ Average number of trips/year? _____

Maximum Radius? _____ Average Radius? _____ Maximum Number of animals/trip _____

Average Number of animals/trip? _____ No

Explain all claims or reported incidents occurring in the last three years (include date, cause of loss, amount paid). _____

Have you had any coverage cancelled or refused in the last three years? Yes No If yes, explain. _____

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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.

Applicant's Signature

Date

Agent's Signature

Date