

PET GROOMERS APPLICATION

Applicant's name (include DBA name): _____

Location Address: _____ City: _____ Province: _____ Postal Code: _____

Website: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership Other: _____

Description of all services provided (Please check all services that apply):

- Pet Training Guide Dog Training Assessment Manufacture of Pet Accessories
- Doggie Dancing Microchipping Pet Daycare Manufacture of Dry Dog Food & Treats
- Show Dog Training Pet Grooming Dog Kennels Product Sales – Other: _____
- Behavioural Modification Pet Therapies Catteries Other: _____
- Search & Rescue Training Dog Walking

1. What year did the business start? _____ 2. How many years has applicant been at the current location? _____
3. What are the annual sales? _____

Rating Information

4. Number of Kennels/compartments: _____ Average daily attendance for day care: _____
5. Number of trainers: _____ Number of therapists: _____ Number of groomers: _____
6. Annual grooming sales: _____ Retail Sales: _____

General Liability

7. Are all pets required to have all mandated province/territory vaccinations? YES NO
8. Does the applicant have procedures in place to evaluate and assess all animals prior to accepting them for day care or boarding? YES NO
9. Are all play yards and play areas fenced? YES NO
10. Are all pets monitored in common areas? YES NO
11. If transportation is provided, are all animals tethered or caged? N/A YES NO
12. If animals are left overnight, are they secured and locked in cages or kennels? N/A YES NO
13. Does the applicant have a stable? YES NO
14. Does the applicant sell products under their own label? YES NO
15. Is the applicant involved in pet adoption or pet rescue? YES NO
16. Is the applicant involved in breeding or importing animals? YES NO

Claims Information

Has the applicant and/or any of the employee(s) or subcontractor(s) had any loss in the past 5 years? YES NO

If yes, please described: _____

Property

Construction: Frame Joisted masonry Noncombustible Fire resistive Other: _____

Year constructed? _____ Number of Stories: _____ Sprinklered? YES NO Type of Burglar Alarm: Local Monitored None

Year of updates: Roof _____ Heating _____ Electrical _____ Plumbing _____ Square footage: _____ sq. ft.

Coverage Limits Required:

	Limit	Deductible	Premium
Office Contents (90% Coinsurance)	\$ _____	\$1,000	_____
Tenant's Improvements and Betterments (90% Coinsurance)	\$ _____	\$1,000	_____
Business Income Limit	\$ _____		

Liability Coverage - Occurrence/Aggregate limit:

- \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million \$3 million/\$3 million \$4 million/\$4 million \$5 million/\$5 million

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant Name: _____ Applicant Position Held: _____

Applicant Signature: _____ Date: _____

Broker Name: _____

Broker Signature: _____ Date: _____

Brokerage Name: _____ Broker AGT#: _____

Broker Email: _____ Broker Phone: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to – newbizcommercial@premiergroup.ca ****

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