

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: triage@tottengroup.com

Website www.tottengroup.com

DOG WALKING LIABILITY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Business Name _____
Principal(s) _____

2. Mailing address _____
Website Address _____

3. Number of years in operation _____ Number of years experience _____
If new operation/company describe work experience of the principals _____

4. Loss Experience (5 years) None
I te _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No
Details _____

I te _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No
Details _____

I te _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No
Details _____

5. Provide details of previous liability insurance (if any):

Name of Insurer	Policy Limit	Deductible	Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITY INFORMATION

6. Full Description of Each Operation	Gross Revenue		
	Estimate Next Year	Current Year	Prior Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



7. **Please provide full details as follows:**

Do you have a signed contract a/o agreement in place with owner of the animals? Yes No

Please provide copy for our file.

Do you get proof that all animals have their shots? Yes No

Certain dogs require muzzles:

1. Advise type of dogs you work with _____

2. If a muzzle is required, is this provided by the owner? Yes No

3. Is the muzzle used at all times when in public? Yes No

4. If aggressive dogs, please confirm muzzles used. _____

Do you request full details from the owner with respect to the temperament of the dogs? Yes No

Describe: _____

Have you confirmed owner of the dogs have a Homeowners and/or Tenants Package in place Yes No

8. Provide full name & address of all dog walkers

1. Name _____ Years of dog ownership and/or experience around dogs _____

2. Name _____ Years of dog ownership and/or experience around dogs _____

3. Name _____ Years of dog ownership and/or experience around dogs _____

9. Do you offer in-house or house sitting? Yes No If yes, revenue \$ _____

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Did you receive the order direct from the Applicant? Yes No

If no, how long have you known the applicant? _____ Do you recommend this applicant in every respect? Yes No

Do you handle other insurance for the Applicant? Yes No Is the operation financially sound? Yes No

Is this risk a renewal to your Agency? Yes No If so, for how long have you placed insurance on this risk? _____

Additional Information pertinent to this risk _____

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

ADDRESS OF BROKERAGE

Broker Email Address: _____