



AWOIP, LLC
P.O. Box 933
Hanover, PA 17331
Phone: 800-673-2558 Fax: 877-512-3806

ANIMAL WELFARE ORGANIZATION PROPERTY INSURANCE APPLICATION

Please complete a separate Property Application and attach Photos for each Building.

1. Name of Applicant:		Requested Effective Date:	
DBA:	<i>(If applicable, include DBA or Trade Name)</i>		
2. Premises Number:	1	Building Number:	2
3. Physical Address:	<i>(Street)</i>		
	<i>(City)</i>	<i>(County)</i>	<i>(State)</i> <i>(Zip Code)</i>
4. Please list your desired Limit for each desired Coverage for this Premises:			
Building (at Replacement Cost):	\$	Business Personal Property:	\$
Business Income:	\$ <input type="checkbox"/> Included		
5. Please select your desired Deductible:	<input checked="" type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		
6. Building Construction Type:	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry Non-combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive		
7. Building Occupancy:			
8. Building Age:			
A. If this Building is over 30 years old, please provide the date of the most recent update:			
Electrical:	Roofing:	Plumbing:	Heating:
9. Total Area of Building:		Square Feet	Number of Stories: _____
10. Protection Class:		Distance to Fire Hydrant:	
		Feet	Distance to Fire Department: _____ Mile(s)
11. Is this Building protected by an operational Burglar Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please answer A-B.			
A. What type of Burglar Alarm is installed in this Building?			
B. Is this Burglar Alarm monitored by a Central Station?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Is the entire Premises protected by operational Surveillance Cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Is this Building protected by an operational Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please answer A-C.			
A. What type of Sprinkler Alarm is installed in this Building?			
B. What percentage of the Building is protected?			
C. Is this Sprinkler Alarm monitored by a Central Station?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Is this Building protected by an operational Fire Alarm System (Heat/Smoke Detection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please answer A-B.			
A. What type of Fire Alarm is installed in this Building?			
B. Is this Fire Alarm monitored by a Central Station?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Are Smoke Detectors installed throughout this Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant and Producer Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR ANIMAL WELFARE OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	
Producer's Signature:		Producer's Name:	