



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

Doing Business As (if applicable): \_\_\_\_\_

Organization Website Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Do you currently have insurance in place?  Yes  No \*If yes, please provide "Loss Run" report from current carrier\*

Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Entity Type:  Non-Profit  For-Profit 501C Status: \_\_\_\_\_

Federal Employer ID Number (FEIN): \_\_\_\_\_

Number of years in operation: \_\_\_\_\_

\*If less than 3 years, please provide the President or Exec. Directors Animal Welfare resume/previous experience\*



Organization Name: \_\_\_\_\_

Desired Coverages (please mark all that apply):

General Liability   
  Directors & Officers   
  Vet Professional Liability\*   
  Hired & Non-Owned Auto\*  
 Commercial Property\*   
  Commercial Auto\*   
  Worker's Compensation\*   
  Cyber Liability\*

\*Additional applications may be required for the above requested coverages\*

Has the Applicant or any person proposed for coverage (whether or not in the service of Applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)? \_\_\_\_ Yes    \_\_\_\_ No

Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for insurance, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of any entity proposed for insurance? \_\_\_\_ Yes    \_\_\_\_ No

Is any person(s) proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against any entity proposed for insurance or any of its directors, officers, trustees, employees or volunteer? \_\_\_\_ Yes    \_\_\_\_ No

Has any Insurance policy for any person(s) or Applicant ever been cancelled or non-renewed? \_\_\_\_ Yes    \_\_\_\_ No

\*\*If yes to any of the above, please provide details below\*\*

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF PRESIDENT OR EXEC. DIRECTOR

\_\_\_\_\_  
DATE



Organization Name: \_\_\_\_\_

In order to obtain a formal quote, please also return the following documents:

- Supplemental Application – provided with this application
- Copy of the organization’s most recent financial statement (990’s)
- Copy of the organization’s Volunteer, Foster & Adoption Waivers/Contracts
  - Copy of “Loss Run” report if current coverage in place

**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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_