



AWOIP, LLC. – PO Box 933 – Hanover, PA 17331
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ANIMAL WELFARE ORGANIZATION INSURANCE PROGRAM APPLICATION

SECTION 1 – GENERAL INFORMATION

1. Name of Applicant: _____
DBA (if applicable): _____
Requested Effective Date: _____ Do you currently carry insurance for the organization? ___Y ___N
Do you conduct Operations under any other Name(s)? _____ If yes, please list below:

2. Mailing Address: _____
(Street)

(City) (County) (State) (Zip)
Physical Address: _____
(Street)

(City) (County) (State) (Zip)
Do you have any other Locations? ___y ___N If yes, please provide below.

3. Do you currently have Homeowners Policy in place for any location you want to be scheduled on this policy? ___Y ___N

4. Contact Name: _____ Title: _____

5. Phone: _____ Email: _____
Fax: _____ Website: _____

6. Business Type: ___ Individual ___ Partnership ___ Corporation ___ LLC ___ Other: _____

7. Entity Type: ___ For Profit ___ Non-Profit 501C Status: _____

8. Federal Employer Identification Number (FEIN): _____



9. A. Number of years in operation under the above name: _____
- B. Executive Director's additional number of years of Animal Welfare experience: _____
- C. Manager's additional number of years of Animal Welfare: _____
- D. Describe the Executive Director's and/or Managers prior Animal Welfare experience: _____
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- E. Describe the Executive Director's and/or Managers involvement in the daily operations: _____
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SECTION 2 – LIMITS AND DEDUCTIBLES

1. Desired General Liability Limits (Each Occurrence/General Aggregate):

_____ \$1,000,000/\$1,000,000 _____ \$1,000,000/\$2,000,000 _____ \$1,000,000/\$3,000,000

2. Desired Hired & Non-Owned Auto Liability Limit: ___ \$500,000 ___ \$1,000,000 ___ N/A

- A. Do you currently have a Commercial Auto Policy in place? ___Y ___N
- B. Do you annually verify valid driver's licenses for employees/volunteers that drive on your behalf? ___Y ___N
- C. Do you run a driver check (MVR) for all drivers that operate on behalf of the organization? ___Y ___N
- D. Is proof of personal auto insurance required from all employees/volunteers that drive? ___Y ___N
- E. What personal auto insurance limits do you require drivers carry? _____
- F. What rules or control measures are in place to protect the safety of those drivers from others on the road? _____

3. Directors & Officers Liability Coverage: ___Y ___N If desired, Annual Income: \$ _____

SECTION 3 – CLAIMS HISTORY

Please accept this verification that _____ has not incurred any claims for the past 3 years.

(Organization's Name)

X _____
Signature of President or Executive Director

Print Name

Date

SECTION 4 – ADDITIONAL FORMS TO SUBMIT FOR QUOTING

Please provide copies of the organization's Foster, Adoption & Volunteer Waivers/Contract



ANIMAL WELFARE ORGANIZATION INSURANCE PROGRAM

PetPro Supplemental Questionnaire Rescue Organizations/Fosters Only

ANSWER ALL QUESTIONS

Name: _____ Website address: _____

FEIN: _____ Date Business Started: _____

1. # Employees: _____ # Volunteers: _____ Are all volunteers/employees over 18 years old? Yes No

2. What are the experience Requirements for:

a. Employees- _____

b. Volunteers- _____

3. How many pets on average are in the possession of the organization at any given time? _____

4. How many foster homes? _____

5. Are all fosters required to sign a contract? Yes No Does it contain a Hold Harmless Waiver? Yes No

6. How does this organization evaluate and train fosters and volunteers?

7. Does this organization provide training/information on zoonotic disease to employees/volunteers? Yes No

8. Are they aware of & compliant with all states regulations & protocols regarding rabies exposure? Yes No

9. How does this organization assess the health of the animals in its care?

10. Does this organization accept/adopt aggressive animals? Yes No

11. Does this organization test all animals for people/animal/food aggression? Yes No

If so, how? _____

12. Does this organization have procedures in place for handling animals known to bite? Yes No

13. Does this organization have a formal policy for reporting bites and scratches? Yes No

14. How are adoptive families screened?

15. Are prospective owners monitored at all times when handling adoptable pets? Yes No

16. Are all animals vaccinated? Yes No

17. Does this organization participate in off-site adoption locations? Yes No How many per year? _____

18. Are handlers trained to ensure the safety of the pets and prospective adopters at these events? Yes No

19. Are all interactions with potential adoptive families closely supervised in secure areas? Yes No

20. Does the adoption contract contain a hold harmless waiver? Yes No

21. Does this organization sponsor any other events or activities? Yes No

How many per year? _____ (Attach descriptions)

22. Does this organization offer training to the public? Yes No Gross Receipts: \$ _____

23. Are animals required to be vaccinated and on-leash for training sessions? Yes No

24. Does this organization offer veterinary services to the public? Yes No

If so, what is the Veterinary staff payroll: \$ _____ (if services are donated, estimate market value)

25. Does this organization take care of wildlife? Yes No

26. Does this organization board animals at any pet stores or kennels? Yes No

27. Does this organization bring animals to schools, hospitals or nursing homes? Yes No

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

