



AWOIP, LLC. – PO Box 933 – Hanover, PA 17331
Phone: 800-673-2558 Fax: 877-512-3808

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



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SUMMARY OF EQUINE ACTIVITIES FOR:

1. Description of your operations: _____ _____
2. Years experience with horses: _____
3. Are fences inspected and repaired regularly? <input type="radio"/> YES <input type="radio"/> NO
4. Is the organization involved in any of the following activities: *Dude Ranch: _____ *Entertainment/Amusements involving farm animals: _____ *Pony Rides: _____ *Hay/Carriage/Sleigh Rides: _____ *Public Horse Rentals: _____ *Therapeutic or Riding for the Handicapped: _____
5. Average daily number of horses: _____
6. Is there 24 hour supervision of the facility? <input type="radio"/> YES <input type="radio"/> NO
7. Are emergency numbers clearly posted? <input type="radio"/> YES <input type="radio"/> NO
8. Are Safety and Barn rules posted at the facility? <input type="radio"/> YES <input type="radio"/> NO
9. Are no smoking signs clearly posted? <input type="radio"/> YES <input type="radio"/> NO
10. Do you participate in parades? <input type="radio"/> YES <input type="radio"/> NO If yes, please explain: _____
11. Do any Associations, Pony Clubs, 4-H, Girl/Boy Scouts, etc use your facility? <input type="radio"/> YES <input type="radio"/> NO If yes, please explain: _____
12. Are Hold Harmless Agreements in place and kept in a file? <input type="radio"/> YES <input type="radio"/> NO *Enclose a copy of Hold Harmless Agreements*
13. Do you lease horses to or from others? <input type="radio"/> YES <input type="radio"/> NO If yes, please provide details & copy of contract: _____
14. Are potential adoptors/owners allowed to test ride? <input type="radio"/> YES <input type="radio"/> NO If allowed to ride, required to have Hold Harmless sigend and proper footwear and headgear worn? <input type="radio"/> YES <input type="radio"/> NO
15. Do you host/sponsor events? <input type="radio"/> YES <input type="radio"/> NO If yes, please provide a description and/or flyer of these events: _____
16. Do you provide day camps? <input type="radio"/> YES <input type="radio"/> NO
17. Are horses kept at foster homes? <input type="radio"/> YES <input type="radio"/> NO If yes, how many foster homes? _____ Are fosters required to sign a foster contract containing a Hold Harmless Waiver? <input type="radio"/> YES <input type="radio"/> NO

Applicant's Signature: _____

Date: _____

Print Name: _____

Title: _____