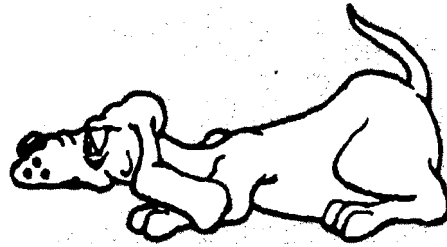
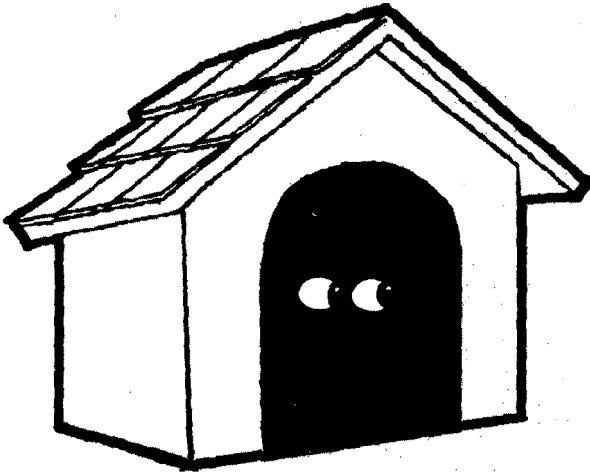


Stay out of the Dog~ House



with Your Animal Care Professionals

We have an "A" rated Company who can take care of
Commercial Insurance needs with



PET PAK.



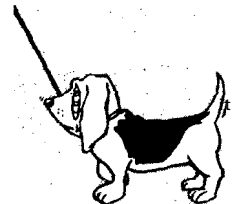
Property, General and Professional Liability Coverages all in one convenient package policy!

FOR



VETERINARIANS
ANIMAL GROOMERS

PET-SITTERS
DOG WALKERS:



- Limits up to \$3 million Per Occurrence/\$3 million General Aggregate
- General and Professional Liability coverages at same limits
- \$500,000 on Property
- Available Property coverages, include Building, Business Property, Crime, Glass, and Inland Marine, all in a Package
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Call us. . .we'll
"scratch up" a quote
that will leave you "purring"



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PET PAK PROGRAM APPLICATION General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____ Policy Term _____

Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

Description Veterinarian Animal Grooming Other (Describe) _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

Do you offer, _____ Training of attack dogs _____ Animal obedience training

Are you: _____ In private practice _____ An employee _____ Subcontractor

Are all applicants partners and employees currently licensed? _____

Please list and explain any actions taken against your professional licenses in the last 5 years (i.e. revocation, suspensions, fines, etc.) _____

List professional degrees or achievements, memberships in professional organizations _____

Explain any work done with thoroughbreds, exotic or rare animals, commercial ranching or farming _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Comments _____

Applicant Signature

Producer Name & Address

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY