

**APPLICATION FOR DOG TRAINERS GENERAL LIABILITY**

**RATING WORKSHEET FOR ANNUAL POLICY PREMIUM: Liability Limits \$1,000,000 Occurrence/\$2,000,000 Aggregate**

**STEP 1: BASE GENERAL LIABILITY: GROSS ANNUAL RECEIPTS (GAR) – Total GAR before expenses for Applicant and all Assistants – Additional Insured certificate holders are included with no additional premium charge**

*[Refer to Section 2 of application to complete steps 1 through 3]*

Check One	Gross Annual Receipts (GAR)	Premium
	\$0 to \$36,999	\$250.00
	\$37,000 to \$50,999	\$350.00
	\$51,000 to \$66,999	\$450.00
	\$70,000 to \$85,999	\$625.00
	\$86,000 to \$99,999	\$725.00

*(Example; IF your earnings before expenses GAR is \$42,000 = \$350.00 Premium)*

**STEP 1 Total Premium: \$ \_\_\_\_\_**

**STEP 2: OPTIONAL ADDITIONAL COVERAGES:**

Check all that apply	Coverage	Limits	Additional Premiums
	Professional Liability: <i>Professional Liability is designed to protect professional trainers from alleged negligence, error or omission from third party claims arising from the trainer's insured activities</i>	\$250,000 Occurrence Limit Or, \$500,000 Occurrence Limit	\$75.00 \$150.00
	Therapy Dog <u>training</u> as part of instruction:	Included in base limits	\$75.00
	Therapy Dog use by applicant: Defined as: individual handler/trainer and/or handler/owner	Included in base limits	\$75.00
	Training for Sporting (herding, tracking)	Includes overnight boarding CCC	\$100.00
	Named Assistants listed on application page 1, Section 2 item 3, and on application page 4	# of Assistants _____ X \$50.00 = \$ _____	Enter Total Premium for all Assistants
	Increased Care, Custody & Control (CCC) Limit (\$25,000 Occurrence limit included in Base)	\$50,000 Occurrence Limit Increase	\$125.00

**STEP 2 Total Premiums: \$ \_\_\_\_\_**

**STEP 3: VOLUNTEERS:**

Check one	Number of Volunteers used in training activities:	Additional Premium
	0 to 5	Included- no additional charge
	6 to 10	\$125.00
	11 to 15	\$200.00
	16 to 20	\$400.00
	21 +	Refer to Underwriting

• All premiums shown above include applicable taxes and fees

**STEP 3 Total Premiums: \$ \_\_\_\_\_**

**Make your check payable to Equisure, Inc. for the: TOTAL PREMIUM: (Add STEPS 1-3) \$ \_\_\_\_\_**

 **Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**NOTE: This is a premium indication ONLY based upon information provided by applicant. This worksheet does not represent all coverage combinations, changes in limits of insurance, claims history or pending claims. Policy is subject to premium audit**

Equisure, Inc. 13790 E Rice Pl Ste 100 Aurora, CO 80015 \* 800-752-2472 \* 303-614-6961 \* fax 303-614-6967 Ed 01/15

www.equisure-inc.com