

**DOMESTIC PET CLUB LIABILITY APPLICATION**  
**(OTHER THAN AKC® AFFILIATED CLUBS)**

IF NEW POLICY DESIRED EFFECTIVE DATE: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_ CONTACT OR CLUB PHONE: \_\_\_\_\_

IN WHAT STATE IS YOUR CLUB DOMICILED OR INCORPORATED? \_\_\_\_\_

CONTACT NAME & TITLE: \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address: (Contact) \_\_\_\_\_

STREET CITY/STATE ZIP

Physical Address: (Club) \_\_\_\_\_

STREET CITY/STATE ZIP

Club Website: \_\_\_\_\_ Is your club affiliated with a larger club or group? (UKC or others) list all: \_\_\_\_\_

Provide two other names that will have permission to make requests on behalf of this club: ***IMPORTANT only the person(s) listed as the contact (above) and the two persons listed below will have authority to request information on behalf of this club.***

1) Name & Title \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

2) Name & Title \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

Provide Description of Clubs Mission/Purpose: \_\_\_\_\_

CLUB TYPE: \_\_\_ NATIONAL (parent) \_\_\_ REGIONAL \_\_\_ LOCAL \_\_\_ OTHER: \_\_\_\_\_

**UNDERWRITING QUESTIONS (please answer completely):**

- DO YOU EVER USE LIVE AMMUNITION DURING AN EVENT? \_\_\_ Yes \_\_\_ No
- HOW MANY INDIVIDUAL MEMBERS IN YOUR CLUB? \_\_\_\_\_ HOW MANY FAMILY MEMBERSHIPS? \_\_\_\_\_  
***(IF YOU HAVE MEMBER CLUBS, they will need to purchase separate insurance. This policy will provide coverage for the named insured (your club) only as listed above)***
- HAVE YOU HAD INSURANCE BEFORE? \_\_\_ Yes \_\_\_ No  
IF YES, WHAT WAS THE NAME OF THE PRIOR INSURANCE CARRIER? \_\_\_\_\_ ANNUAL PREMIUM? \_\_\_\_\_  
HAVE THERE BEEN ANY LOSSES OR CLAIMS IN THE LAST 5 YEARS? \_\_\_ Yes \_\_\_ No
  - If yes, please provide description on separate sheet of paper and attach to application*
- WHAT IS THE TOTAL ANNUAL CLUB REVENUE? (INCLUDE TRAINING, EVENTS AND SERVICES) \_\_\_\_\_
- PLEASE DECLARE YOUR CLUB ACTIVITIES **AND ALL** TRAINING, SERVICES, AND EVENTS SPONSORED BY YOUR CLUB:

**TRAINING, SERVICES AND EVENTS:**

\_\_\_ MEETINGS \_\_\_ ALL BREED SHOWS \_\_\_ FUN MATCHES \_\_\_ HERDING TESTS/TRIALS \_\_\_ FIELD TRIALS  
\_\_\_ LURE COURSING \_\_\_ CLASSES/SEMINARS \_\_\_ HUNTS/HUNT TESTS \_\_\_ AGILITY TRIALS \_\_\_ CONFORMATION EVENTS  
\_\_\_ RALLY \_\_\_ OBEDIENCE TRIALS \_\_\_ COURSING ABILITY TEST \_\_\_ WEIGHT PULLING \_\_\_ TERRIER RACES \_\_\_ EARTHDOG  
\_\_\_ SPECIALTY SHOWS \_\_\_ OTHER, DESCRIBE \_\_\_\_\_

\_\_\_ LARGE EVENTS with more than 1,000 spectators. If yes, please give dates and the describe the event \_\_\_\_\_

\_\_\_ BREED RESCUE- is your Rescue a separate entity (e.g. 501c, LLC etc.) \_\_\_ Yes \_\_\_ No (if yes, a separate policy is required) Provide the name of your Rescue Group \_\_\_\_\_

- DOES YOUR CLUBS OPERATIONS INCLUDE TRAINING ACTIVITIES? \_\_\_ Yes \_\_\_ No  
DESCRIBE TYPE OF TRAINING ACTIVITIES: \_\_\_\_\_
  - TRAINING PROVIDED TO CLUB MEMBERS ONLY \_\_\_ Yes \_\_\_ No
  - TRAINING PROVIDED TO THE GENERAL PUBLIC FOR A FEE \_\_\_ Yes \_\_\_ No
    - CLUB MEMBERS PROVIDE TRAINING TO THE GENERAL PUBLIC? \_\_\_ Yes \_\_\_ No
      - CLUB GROSS ANNUAL RECEIPTS FROM TRAINING TO THE GENERAL PUBLIC? \_\_\_\_\_
    - TRAINING PROVIDED BY NON-MEMBER? \_\_\_ Yes \_\_\_ No (If yes, No Coverage provided by this policy)

YES, SEND OUR CLUB INFORMATION FOR: \_\_\_ Directors & Officers Insurance \_\_\_ Fidelity/Crime Insurance Coverage \_\_\_ Cyber Liability

Customer Code: \_\_\_\_\_

**FRAUD WARNING NOTICES**

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

The insurer shall not offer an optional extension period for this policy in New Mexico.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.



Authorized Club Representative (please print) \_\_\_\_\_

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

**\*\*\*\*Please Note, a \$250 Fully Earned Premium Will Apply\*\*\*\***

**Please refer to the Master Policy for Specific Policy Terms, Conditions and Exclusions.**

**Please Note—if you reside in the following states additional information will be required: AR, CA, CT, DE, FL, MA, NC, NJ, NY, OH, RI, WV or WY**



**To cut down on our paper consumption, we now offer electronic policy delivery. Please check one of the boxes below. (If a box is not checked, we will deliver your policy via the US Postal Service.)**

\_\_\_ - I prefer to receive my policy documents via hard copy in the mail.

\_\_\_ - I prefer to receive my policy documents via e-mail.

Customer Code: \_\_\_\_\_

**CERTIFICATE of INSURANCE REQUEST FORM  
DOMESTIC PET GENERAL LIABILITY**

**Keep a copy of this page for future certificate requests**  
***This is not a binder. Please type or print clearly.***

Club Name \_\_\_\_\_ Name of Person Requesting Certificate \_\_\_\_\_

Your Tel # \_\_\_\_\_ Your Email Address \_\_\_\_\_

**NOTE: Please refer to any contracts or agreement the club has signed when selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires specific wording.**

**Certificate Holder Definitions**

- **Additional Insured's:** if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim.
- **Proof of insurance:** will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. **Please note we must have complete mailing addresses for either request.**

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\_\_\_ **CHECK HERE IF YOU WOULD LIKE THE SAME CERTIFICATES AS EXPIRING**

|                                                                                                                                                                                                                                               |
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| <b>CERTIFICATE HOLDER</b> <i>(Select One)</i> ___ <b>PROOF OF INSURANCE</b> ___ <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> ___ <b>Landowner</b> ___ <b>Facility Owner</b> ___ <b>Sponsor</b> ___ <b>Equipment Lessor</b> |
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Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Event Name, start and end dates of event needing the certificate** \_\_\_\_\_

|                                                                                                                                                                                                                                               |
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| <b>CERTIFICATE HOLDER</b> <i>(Select One)</i> ___ <b>PROOF OF INSURANCE</b> ___ <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> ___ <b>Landowner</b> ___ <b>Facility Owner</b> ___ <b>Sponsor</b> ___ <b>Equipment Lessor</b> |
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Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Event Name, start and end dates of event needing the certificate** \_\_\_\_\_

|                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b> <i>(Select One)</i> ___ <b>PROOF OF INSURANCE</b> ___ <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> ___ <b>Landowner</b> ___ <b>Facility Owner</b> ___ <b>Sponsor</b> ___ <b>Equipment Lessor</b> |
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Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Event Name, start and end dates of event needing the certificate** \_\_\_\_\_

Customer Code: \_\_\_\_\_