

PET INSTRUCTOR TRAINER PROFESSIONAL LIABILITY APPLICATION

COMPLETE IN BLUE OR BLACK INK ONLY

IMPORTANT!! All submissions must include a completed and signed application (signature pg. 3) with valid premium payment. Incomplete applications will be returned. Coverage is not bound until approved by Company Underwriting. The Company's receipt of premium does not bind coverage.

SECTION 1: APPLICANT INFORMATION DESIRED EFFECTIVE DATE: _____ CLIENT CODE: _____

1.1. Applicant Name: _____ Business Name: _____

1.2. Mailing Address: _____ City: _____ State: _____ Zip: _____

1.3. Phone: _____ Mobile: _____ Email: _____

Website: _____

1.4. Physical Address: _____ City: _____ State: _____ Zip: _____

1.5. Is Applicant 18 or older? ___ Yes ___ No

1.6. How did you hear about Equisure? _____

1.7. Type of Ownership: ___ Corporation ___ Individual ___ Joint Venture
 ___ Limited Liability Corp (LLC) ___ Partnership ___ Sole Proprietorship

If Corporation or Limited Liability Corp (LLC) Name of Corporation or LLC _____

Is applicant manager of Corporation or LLC? ___ Yes ___ No

Please list the names(s) of officers, partners: _____ Their Duties: _____

1.7. Association Membership/Instructor Certification: List All Association Affiliation(s) _____
 Note Certifications- Certificate Level(s), All Designations, and Registrations including the Name of
 Certifying/Registering Institute _____

1.8. If you are not certified, please describe your training experience _____

1.9. Years in Business: _____

SECTION 2: UNDERWRITING INFORMATION

2.1. Activities: (select all that apply)

___ CGC Approved Evaluator ___ Show Conformation Training ___ Private Lessons ___ Group Lessons
 ___ Agility Training ___ General/Basic Obedience ___ Rally ___ Tracking/Herding
 ___ Field ___ Other (describe _____)

Ineligible training: search and rescue, service dog, racing for wager, guard dog or protection, general overnight boarding

2.2. Total Gross Annual Receipts (for all activities listed in #1 above for applicant & assistant(s)/volunteers)
 \$ _____ (Note: If "none" indicate reason)

2.3. Number of group classes per year: _____ Maximum students/dogs per class? _____

2.4. Number of private classes per year: _____

2.5. Do you have employees and/or assistants? ___ Yes ___ No If yes, please list below. (Minimum age 16)

Name: _____ Age: _____ Duties: _____

Name: _____ Age: _____ Duties: _____

[Please Note: Workers' Compensation related claims are excluded from this policy. Check with your State for the laws pertaining to Workers' Compensation Insurance requirements.]

Client Code: _____

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2.6. **Does the applicant use volunteers to help with any activities?** ___ Yes ___ No

If Yes, how many volunteers on average per month total? ___ 0-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ 21+

What is the minimum age of volunteers? _____

Do your volunteers receive any remuneration for their services to you? ___ Yes ___ No

If Yes, describe: _____

Are your volunteers supervised at all times? ___ Yes ___ No

If no, describe: _____

Describe the duties of your volunteers: _____

2.7. **Do you sell products to your customers?** ___ Yes ___ No

If yes, list your gross annual receipts for goods sold. \$ _____

2.8. **Do you manufacture and/or repair any goods sold?** ___ Yes ___ No (describe) _____

2.9. **Have you had prior insurance?** ___ Yes ___ No Have you had any prior claims ___ Yes ___ No

If yes, please explain: _____

MANDATORY REQUIREMENT: A copy of your release/waiver form used in your business must accompany this application. If this is a renewal policy, a new copy of the release/waiver is only required if changes have been made. Equisure's receipt of such release/waiver form and subsequent possible issuance of a policy does not mean that Equisure has evaluated such release/waiver for its legalities or validity. **Copy attached?** ___ Yes ___ No

By applying for this insurance, you are also applying for membership in the Association Resource Group Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) and organized in Colorado. Your membership will be effective once your completed application and membership fee have been approved and payment received.

FRAUD WARNING NOTICES

STANDARD: Any person, who knowingly and with intent to defraud any insurance company or other person, files an applications 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.

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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 Signature**

_____ **Date**

_____ **Print Name**

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, KS, 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.**

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CERTIFICATE of INSURANCE REQUEST FORM

Keep a copy of this page for future certificate requests

This is not a binder. Please type or print clearly.

Trainer Name _____ Name of Person Requesting Certificate _____

Your Tel # _____ Your Email Address _____

Send trainers copy of certificate(s) to (pick one): FAX EMAIL

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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|                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER (Select One)</b> <input type="checkbox"/> <b>PROOF OF INSURANCE</b> <input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> <input type="checkbox"/> <b>Assistant</b> <input type="checkbox"/> <b>Landowner</b> <input type="checkbox"/> <b>Facility Owner</b> <input type="checkbox"/> <b>Sponsor</b> <input type="checkbox"/> <b>Equipment Lessor</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER (Select One)</b> <input type="checkbox"/> <b>PROOF OF INSURANCE</b> <input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> <input type="checkbox"/> <b>Assistant</b> <input type="checkbox"/> <b>Landowner</b> <input type="checkbox"/> <b>Facility Owner</b> <input type="checkbox"/> <b>Sponsor</b> <input type="checkbox"/> <b>Equipment Lessor</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER (Select One)</b> <input type="checkbox"/> <b>PROOF OF INSURANCE</b> <input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b><br><i>(Check all that apply)</i> <input type="checkbox"/> <b>Assistant</b> <input type="checkbox"/> <b>Landowner</b> <input type="checkbox"/> <b>Facility Owner</b> <input type="checkbox"/> <b>Sponsor</b> <input type="checkbox"/> <b>Equipment Lessor</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**All OR, PA, and KY policies must be submitted for rating**

| Check One | Gross Annual Receipts (GAR) | Premium  |
|-----------|-----------------------------|----------|
|           | \$0 to \$36,999             | \$250.00 |
|           | \$37,000 to \$50,999        | \$350.00 |
|           | \$51,000 to \$69,999        | \$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<br>Or,<br>\$500,000 Occurrence Limit | \$75.00<br>\$150.00                                  |
|                      | Therapy Dog training as part of instruction:                                                                                                                                                                        | Included in base limits                                         | \$75.00                                              |
|                      | Therapy Dog use by applicant:<br>Defined as: individual handler/trainer and/or handler/owner                                                                                                                        | Included in base limits                                         | \$75.00                                              |
|                      | Training for Sporting (herding, tracking, hunting)                                                                                                                                                                  | 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 ea                              | = \$ _____<br>Enter Total Premium for all Assistants |
|                      | Increase Care, Custody & Control (CCC) Limit (for pets)                                                                                                                                                             | \$10,000 any one pet/<br>\$50,000 aggregate for all pets        | \$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**