

Incorporated Name of Your Business: <i>(if NOT incorporated, leave blank)</i>			
Operating or Registered Name of Your Business: <i>(if NOT incorporated, leave blank)</i>			
Full Names of All Owners			
Type of Operation:	<input type="checkbox"/> Commercial Unit	<input type="checkbox"/> Individual Contractor	<input type="checkbox"/> Home Based <input type="checkbox"/> Mobile

Contact: First Name:	Last Name:		
Work Phone:	Cell:		
Email:	Website:		
Mailing Address:	Street:	City:	Province: Postal Code:

Date Coverage is Required:

Previous insurance & policy number:
Has an insurer refused to renew or declined any property, products, premises or professional (malpractice) liability insurance or application for the applicant during the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:
Describe all claims, if any, incurred by applicant in past 5 years (include type of claims, month/year of claim and claim amounts):

Estimated Annual Revenue: \$

Years in Business:

Do you use obtain Consent/Waivers from all pet owners? Yes No

LOCATION DETAILS

Address (if different from above):			
Street:			
City:	Province:	Postal Code:	
Building ownership:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
Approx. size:	sq. ft.		

CONTENTS LIMIT

Contents coverage includes tools, equipment, furnishings and stock or product, plus renovations or leasehold improvements if your location is rented or a condo. When you enter the limit you want, use the replacement value for new contents to avoid being penalized if you have a claim.

Business Tools, Equipment & Furnishings – What is the cost to replace these with brand new items?	\$
Stock Limit – what is the usual value of stock or product you keep on hand?	\$
Leasehold Improvements & Renovations – What is the cost to rebuild renovations you are responsible for? If you're leasing space, the landlord doesn't normally insure renovations inside your unit. Check your lease to see if you're responsible for renovations made by prior tenants or the landlord.	\$

LIABILITY LIMIT

If you are sued for negligence for something like a customer being injured from one of your services, or if a customer slips and falls, liability coverage will pay to defend you and to settle the lawsuit up to the limit you choose. Anyone can sue you for any amount of money – how much they actually get is another thing, making it difficult to know how much liability coverage is enough. If you are sued for more than the amount of your liability coverage, you will be required to hire a lawyer to defend you for the amount exceeding your coverage. The best advice we can give you is to choose the highest limit you can afford – it usually costs less than you think.

- Preferred Liability Limit**
- \$1,000,000
 - \$2,000,000
 - \$3,000,000
 - \$4,000,000
 - \$5,000,000

DEDUCTIBLE

The deductible is how much the insurance company will reduce your claim settlement by for most property damage claims (ie. if it costs \$7,000 to replace your contents that were lost in a fire and you have a \$1,000 deductible, the insurance company would pay \$7,000 minus the \$1,000 deductible for a total of \$6,000).

- Preferred Deductible**
- \$500
 - \$1,000
 - \$2,500
 - \$5,000

Do you have pet first aid training or a Vet Tech diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate where and when you received your training and experience in the pet care services you are providing:	
List any memberships you have with any professional pet association or certification organizations:	

CHECK THE SERVICES YOU PROVIDE:

Boarding/Daycare

Do you care for animals besides dogs or cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
----- If yes, what animals?	
Are pet owners separated from other pets during pick-up & drop off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Max number of pets kept at one time?	
Max number of pets per worker/supervisor?	
Are outdoor runs/play areas securely fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any independent contractors to provide boarding or daycare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want your insurance to cover the contractors while working for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure each dog has current vaccinations for Bordetella, rabies, DHPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Do you ensure each cat has current vaccinations for FVRCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
How often is facility sterilized/disinfected (cages, suites, play areas)?	

Dog Training

Indicate types of training provided:

- Agility
- Obedience, puppy and/or behavior
- Rally
- Sport (excludes canicross, bikejoring, skijoring, dog scootering)
- Tracking (excludes police, search & rescue and service dogs)
- Tricks
- Guard, attack, police, search & rescue, guide or therapy dogs
- Other: _____

Number of Trainers		Full Time	Part Time
	Employees (including owners)		
	Independent Contractors		
Do you have written agreements with all contractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Maximum number of dogs per trainer	
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Grooming

Do you care for animals besides dogs or cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what animals?	

Number of Groomers		Full Time	Part Time
	Employees (including owners)		
	Independent Contractors		
Do you have written agreements with all contractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Self-Serve Pet Wash

Do you allow pet washing for pets other than dogs or cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what animals?	

Dog Walking

Number of Walkers		Full Time	Part Time
	Employees (including owners)		
	Independent Contractors		
Do you have written agreements with all contractors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you use walkers younger than 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are dogs taken off leash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
----- Do you obtain the owner's consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
----- Are they off-leash in a fenced location or a sanctioned public dog park?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal background checks obtained for all walkers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any owner or walker been convicted of fraud or theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure each dog has current vaccinations for Bordetella, rabies, DHPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you adhere to any municipal ordinance with respect to the number of dogs that can be walked at one time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum number of dogs walked at once?	
Are customers keys kept in a locked location when in your possession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are choker collars used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
----- Who provides them?	

Pet Sitting

Number of Sitters		Full Time	Part Time
	Employees (including owners)		
	Independent Contractors		
	Do you have written agreements with all contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you care for animals besides dogs or cats?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, what animals?			
Do you sit any animals that are defined by law as exotic, endangered, illegal, venomous or poisonous?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use sitters younger than 18 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are criminal background checks obtained for all sitters?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any owner or sitter been convicted of fraud or theft?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are customers keys kept in a locked location when in your possession?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide snow removal services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide lawn care services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Pet Taxi

Do you provide Pet Taxi as a separate chargeable service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your revenue from Pet Taxi less than 15% of your total revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are drivers over 25 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are pets secured while being taxied? (ie. Seat belt harness, crates)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pet Therapy

Indicate types of therapies performed:

- Acupressure
- Color Therapy
- Hydrotherapy
- Massage
- Reflexology
- Reiki
- Vibrational Essence
- Other: _____

Number of Therapists		Full Time	Part Time
	Employees (including owners)		
	Independent Contractors		
Do you have written agreements with all contractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Is therapy provided to any animals besides dogs or cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what animals?	

Teaching Pet First Aid

Number of Instructors

	Employees (including owners)	
	Independent Contractors	

Have all instructors received Certification as Pet First Aid Trainers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List the Certifying Organization(s):	
What is the maximum number of students per instructor?	
Approximate number of training sessions per year?	
Do you sell pet first aid kits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who do you purchase the kits from?	

Are they located in North America?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION FOR INSURANCE

for the PROfurTM program provided exclusively by
KRS Insurance Brokers Inc..

Retail Sales

Do you have any US sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you manufacture, repackage or re-label any products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell choker collars?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Services Not Listed Above

Provide Details:

Comments:

Businesses Providing the Following Services Can NOT be insured with PROfur:

- Diagnosis
- Nutrition Counselling
- Prescribing medicine

DECLARATION & PERSONAL INFORMATION CONSENT

Submitting this application allows us to confirm your eligibility, coverage and premium for your business. It does not obligate you to buy a policy - we will only issue a policy if you ask us to!

If you decide to buy a policy, then this application will attach to and form part of the insurance contract for which you are applying. Any applicant who gives false particulars or knowingly misrepresents or fails to disclose any fact in any part of this application will void the contract of insurance, and may subject you to criminal and civil penalties.

Upon electronic submission of this application, you declare that:

- the person submitting this application is legally authorized to complete this application and enter into a contract of insurance on behalf of the person(s) or organization applying for the coverage;
- the information provided is true and correct and you hereby apply for a contract of insurance to be based upon the truth of these statements;
- all machines used in your operation are C.S.A., U.L.C. or U.L. approved;
- the submission of this form is an application for insurance – no coverage is in effect until confirmed by PROfur insurance.

By submitting this application, you also declare that you have read and consent to **PROfur** insurance's Personal Information Policy ("Policy") for the current and future collection, use and disclosure of personal information in accordance with the Policy. The Policy can be viewed at www.profur.ca/privacy-policy.

Note that **PROfur** is operated by KRS Insurance Brokers Inc. Insurance is underwritten by Intact Insurance.

Signature: _____

Date: _____

We never rent or sell our customers', applicants' or subscribers' information.