



# Allen Financial Insurance Group

## Kennel Package Policy Application

- ✓ National A Rated Company
- ✓ Preferred Rates

- ✓ 24/7 Claims Service
- ✓ Installment Payment Plan

Agency: \_\_\_\_\_

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

Producer Contact: \_\_\_\_\_

Producer Email: \_\_\_\_\_

Producer Telephone: \_\_\_\_\_

### APPLICANT INFORMATION

**APPLICANT'S NAME** (include all firm names, trading names or DBA's under which you operate)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Applicant is:  Individual  Partnership  Corporation  LLC Other \_\_\_\_\_ Years In Business \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

FEIN/SSAN # \_\_\_\_\_ Years in Business \_\_\_\_\_ Annual Revenue \$ \_\_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payment Plan:  Annual  Semi-Annual  Quartely  Monthly Installments

Number Full Time Employees: \_\_\_\_\_ Number Part Time Employees: \_\_\_\_\_ Payroll \$ \_\_\_\_\_

Number of losses in past 3 years: \_\_\_\_\_ Prior Insurance Company: \_\_\_\_\_  None

Describe Any Prior Losses:

### GENERAL INFORMATION

1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business?  YES  NO
2. Do you own any other properties or business operations under this legal entity?  YES  NO

3. Do you Sponsor any sporting or social events?  YES  NO  
 If yes:  Financial only  Other \_\_\_\_\_
3. Have any operations been sold, acquired or discontinued in the past 5 years?  YES  NO
4. Any bankruptcies, tax or credit liens in the past 5 years?  YES  NO

### LIABILITY SECTION

Complete this section for Liability Coverage

**A. Limits of Liability (per claim /annual aggregate)**

- \$500,000/\$1,000,000     \$1,000,000/\$2,000,000

**B. Excess Liability Coverage**

- \$1,000,000     \$2,000,000

1.	Are you a member of the American Boarding Kennel Association?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Are you a member of the American Groom Shop Association?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Number of animals boarded when full? _____ Average boarded per week? _____	
4.	Approximate annual boarding receipts?	\$ _____
5.	Do you provide a "Boarding Contract" for your customers? If yes, please attach a copy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Do you provide grooming services? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, # of animals groomed daily? _____ Annual Receipts?	\$ _____
7.	Do you breed animals? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name of breed(s): _____
	If breed, how many litters per year? _____ Maximum value of each litter: _____	\$ _____
8.	Do you provide grooming services? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, # of animals groomed daily? _____ Annual Receipts?	\$ _____
9.	Do you provide any training? <input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Receipts? \$ _____
	If yes, type of training: _____	
10.	Do you employ a Veterinarian? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Number of Veterinarians: _____
11.	Do you have an evacuation plan in place to remove animals in case of a fire?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### DOG TRAINER SUPPLEMENTAL SECTION

Complete this form below only if you indicated you provide Dog Training.

1.	What kind of training are you qualified to do?
2.	How many years have you been a trainer? _____
3.	What professional organizations do you belong to? _____
4.	Do you train on premises? <input type="checkbox"/> YES <input type="checkbox"/> NO      Do you train off premises? <input type="checkbox"/> YES <input type="checkbox"/> NO
5.	If you train off premises do you have: <input type="checkbox"/> one specific location or <input type="checkbox"/> several
6.	If you train off premises, how often? _____
7.	Are you a professional dog handler? <input type="checkbox"/> YES <input type="checkbox"/> NO
8.	How many dogs have you titled in shows and/or trials? _____
9.	What breeds do you train? _____

## Property Section

Building Replacement Value \$ \_\_\_\_\_ (If coverage for building is desired)

Deductible:  \$500  \$1,000  \$2,500  \$5,000 Protection Class \_\_\_\_\_

Building Square Footage \_\_\_\_\_ Square Footage You Occupy \_\_\_\_\_

Age of Building \_\_\_\_\_ Number of Stories \_\_\_\_\_ Type of Construction  Frame  Masonry  Incombustible

Sprinklered?  YES  NO Monitored Alarm System?  YES  NO

Other Occupancies \_\_\_\_\_

Is distance to responding fire station less than 5 miles?  YES  NO

Is property within 1000 ft of commercially navigable body of water?  YES  NO

**PERSONAL PROPERTY**  Yes  No

1. Office Contents \$ \_\_\_\_\_

Replacement Cost?  YES  NO

2. Scheduled Equipment \$ \_\_\_\_\_

Replacement Cost?  YES  NO

3. Unscheduled Equipment \$ \_\_\_\_\_

Replacement Cost?  YES  NO

4. Short Term Equipment Rental \$ \_\_\_\_\_

Deductible:  \$500  \$1,000

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.**

### SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

**NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.**

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