

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____

Date proposal needed: _____

Legal Name of Organization: _____

FEIN: _____

Mailing Address: _____ County: _____

Phone #: _____ Fax #: _____

Website Address: _____

Executive Director: _____ Phone #: _____ E-Mail: _____

Best time to contact: _____

Shelter Manager: _____ Phone #: _____ E-Mail: _____

Best time to contact: _____

INSURANCE AGENT INFORMATION

Agents Name: _____ CSR or Other Contact _____

Name of Agency: _____

Agency Phone: _____ Email address: _____

ORGANIZATION INFORMATION

Total Revenue (for the current year): _____

Does your organization provide shelter for large, wild or exotic animals? ☐ Yes ☐ No

Is there a staff member on premise at all times? ☐ Yes ☐ No

Does your organization employ animal control officers or humane law enforcement? ☐ Yes ☐ No

If yes, a. Do the officers have citation or arrest authority? ☐ Yes ☐ No

b. Do the officers carry firearms? ☐ Yes ☐ No

c. Do the officers carry separate liability coverage? ☐ Yes ☐ No

Is your organization a no-kill animal shelter? ☐ Yes ☐ No

Is your organization an open-admission animal shelter? ☐ Yes ☐ No

ORGANIZATION INFORMATION (CONTINUED)

EMPLOYEES & VOLUNTEERS:

Do you have a formal training procedure for employees & volunteers? ☐ Yes ☐ No

To whom do the volunteers report? _____

Do you provide personal protective equipment (latex gloves, bite gloves, restraining poles)? ☐ Yes ☐ No

Do you provide training and information on zoonotic disease to employees and volunteers? ☐ Yes ☐ No

What capacity are volunteers involved?

☐ Dog walking ☐ On Premise ☐ Off Premise

☐ Animal care attendant

☐ Kennel attendant (cleaning cages and runs)

☐ Other (please specify) _____

ANIMAL HEALTH ASSESSMENT:

Are the health and conditions of animals evaluated prior to placement in general population? ☐ Yes ☐ No

Do you spay or neuter? ☐ Yes ☐ No

Do you perform euthanasia? ☐ Yes ☐ No

Are all drugs and narcotics kept under lock and key with restricted access? ☐ Yes ☐ No

Is there a crematory on the premises? ☐ Yes ☐ No

If yes, annual receipts? _____

ANIMAL BEHAVIOR ASSESSMENT:

Is there a Certified Animal Behaviorist on staff? ☐ Yes ☐ No

Are the following temperament tests performed on each animal?

a. Food Aggression ☐ Yes ☐ No

b. Aggression toward other animals ☐ Yes ☐ No

c. Aggression toward persons/children ☐ Yes ☐ No

Are all animals leashed or in carriers when out of kennels? ☐ Yes ☐ No

Are kennels clearly labeled for animals deemed aggressive? ☐ Yes ☐ No

Do you place animals with aggressive behaviors into foster or adoptive homes? ☐ Yes ☐ No

If yes, please explain: _____

Does your organization accept animal transfers from other shelters? ☐ Yes ☐ No

If yes, please describe your in-house intake & assessment process: _____

ADOPTIVE FOSTER HOMES:

Do you have written procedures and guidelines in place for determining suitable foster/adoptive homes? ☐ Yes ☐ No

Are visitors always supervised while handling adoptable animals? ☐ Yes ☐ No

If animal has a history of behavioral or health issues, how are potential adopters notified?

☐ Verbal ☐ Written ☐ Written with signature required

ORGANIZATION INFORMATION (CONTINUED)

ARE WRITTEN AGREEMENTS/WAIVERS REQUIRED FOR THE FOLLOWING:

Visitors	☐ Yes ☐ No
Includes Hold Harmless Wording	☐ Yes ☐ No
Volunteers	☐ Yes ☐ No
Includes Hold Harmless Wording	☐ Yes ☐ No
Adopters	☐ Yes ☐ No
Includes Hold Harmless Wording	☐ Yes ☐ No
Fosters	☐ Yes ☐ No
Includes Hold Harmless Wording	☐ Yes ☐ No
If waivers are not required, is your organization willing to implement & provide a copy?	☐ Yes ☐ No

Please indicate the following for this year:

# of Kennels/Cages/Compartments		
# of Employees (not including vet)		
# of Volunteers (not including vet)		
# of Employed Veterinarians		Annual Payroll: \$
# of Volunteer Veterinarians		
# of Contracted Veterinarians		Do you obtain proof of insurance: ☐ Yes ☐ No
Average # of volunteers per day	☐ 1-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+	
Average # of visitors per day		
# of animal intakes annually		
# of adoptions annually		
# of fosters annually		
# of animals placed in foster homes annually		
Pet Grooming Receipts	\$	
Pet Training Receipts	\$	
Boarding Receipts	\$	
Gift Shop/Thrift Store Receipts	\$	
Clinical Work Receipts	\$	

DOES YOUR ORGANIZATION PARTICIPATE IN ANY OF THE FOLLOWING:**YOUTH CAMPS**☐ Yes ☐ No

How many camp participants does the Insured host per year? _____

Is there overnight youth exposure?

☐ Yes ☐ No

What is the ratio of adults to youth? _____

Is there any transportation of the youth by the insured?

☐ Yes ☐ No

If yes, please explain: _____

Are parents required to sign a waiver?

☐ Yes ☐ No

If animals are allowed around the campers, how are the animals vetted for safety? _____

Are dogs always leashed and under the control of the Insured?

☐ Yes ☐ No

Is there any administering of medicine to any youth campers?

☐ Yes ☐ No**PRISON / INMATE DOG TRAINING**☐ Yes ☐ No

Is there a written contract in place between the shelter and the prison?

☐ Yes ☐ No

Are there written operating procedures in place (for both the shelter and prison)?

☐ Yes ☐ No

What level of security is the prison? _____

How often annually does this program run? _____

How many dogs and inmates participate in the program at one time? _____

Please explain how the animals and inmates are chosen and what training is required before handling the animals. _____

Are animals restricted to a training area where others cannot get in?

☐ Yes ☐ No

Are the animals always crated when not in training?

☐ Yes ☐ No

Is there any transportation provided by the insured for the prisoners?

☐ Yes ☐ No**PET DAY OUT / TEMPORARY OUTINGS**☐ Yes ☐ No

If yes, please explain: _____

BUILDING UPDATES**Year: Updated/Inspected**

Roof: _____ / _____

Plumbing: _____ / _____

Wiring: _____ / _____

HVAC: _____ / _____

RENEWAL REQUIREMENTS

- ☐ Copy of Adoption Agreement and waiver
- ☐ Copy of Foster Agreement and waiver
- ☐ Copy of Volunteer Agreement and waiver
- ☐ Copy of any other waiver utilized
- ☐ Accord Application for any vehicle or property changes
- ☐ 5 Years of Currently Valued Loss Runs (only required if McNeil has written less than 5 years)
- ☐ Current Driver list submitted through Agent Area (only if Auto is written with McNeil)
- ☐ Crime Supplement (only if Crime is written with McNeil and only needed every 3 years)

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

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

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 DELAWARE APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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 IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

NOTICE TO NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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: WARNING: 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 or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

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 PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE AND VIRGINIA 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 TEXAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ **Date:** _____

Name and title (please print): _____

Insurance Broker's Signature: _____ **Date:** _____

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF ANY LIABILITY COVERAGE IN YOUR POLICY IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THE POLICY IS IN FORCE, DURING A RENEWAL OF THE POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE POLICY MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: _____ **Date:** _____

Name and title (please print): _____