

GENERAL INFORMATION

Date of Survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____
(please include all organizations that are to be included as insureds)

FEIN: _____

Mailing Address: _____ County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

Description of Organization: Sole Proprietorship Corporation LLC Other: _____

Has any insurance carrier cancelled, declined or refused to renew any insurance in the past 3 years (N/A in Missouri)
 Yes No

BUSINESS INFORMATION

Type of Business (please check all that apply):

- Veterinary / Veterinary Hospital
- Pet Day Care
- Pet Groomer
- Pet Hotel
- Pet Trainer
- Other: _____

Number of Year in business: _____

Annual Revenue: \$ _____ Annual Payroll: \$ _____

Number of Employed Veterinarians: _____ Number of Contracted Veterinarians: _____

Number of on-site containment units/kennels: _____ Number of Groomers: _____

Do you have an MRI machine? Yes No

Are you treating any of the following:

- a) Animals bred for professional racing, show or delivery services Yes No
- b) Animals belonging to zoos, circuses, carnivals, prize livestock, rodeos or theatrical enterprises Yes No
- c) Livestock Yes No
- d) Exotic Animals Yes No

Are you engaged in any of the following operations:

- a) Medical animal research Yes No
- b) Humane societies, animal shelters or animal rescue Yes No
- c) Pet stores Yes No
- d) Stables Yes No
- e) Training or grooming of guard or attack animals Yes No
- f) Training of service or law enforcement animals Yes No
- g) Breeding or importing animals Yes No
- h) In-home Pet Sitting Yes No

BUSINESS INFORMATION (CONTINUED)

- Is your operation located in your home or on your personal property? Yes No
- Do you sell any products under your own label? Yes No
- Are all professional licenses in good standing? Yes No
- Do you have procedures in place to evaluate and assess all animals prior to accepting them for day care or boarding? Yes No
- Are all pets required to have mandated county/state vaccinations? Yes No
- Are all play yards and play areas fenced? Yes No N/A
- Are all pets monitored in common areas? Yes No
- If transportation is provided, are all animals tethered and caged? Yes No N/A
- If animals are left overnight, are they secured and locked in cages or kennels? Yes No N/A
- Attach the following:
- Completed ACORD Application
 - 3 Years of Currently Valued Loss Runs