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**PET PAK PROGRAM APPLICATION
 General and Professional Liability**

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____ Policy Term _____

Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

Description: Veterinarian Animal Grooming Other (Describe) _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____
 General Aggregate _____ Medical Payments _____
 Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

Do you offer: _____ Training of attack dogs _____ Animal obedience training

Are you: _____ In private practice _____ An employee _____ Subcontractor

Are all applicants partners and employees currently licensed? _____

Please list and explain any actions taken against your professional licenses in the last 5 years (i.e. revocation, suspensions, fines, etc.) _____

List professional degrees or achievements, memberships in professional organizations _____

Explain any work done with thoroughbreds, exotic or rare animals, commercial ranching or farming _____

THREE YEAR LOSS EXPERIENCE

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Comments _____

 Applicant Signature _____
 Producer Name & Address

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY