



This insurance is ideally suited for Pet Service Providers such as Pet Groomers, Pet Walkers, Pet Sitters, Dog Training/ Obedience, Kennels, Daycare, Pet Therapists and other Multi-Pet Services.

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

"Applicant" means the individual detailed below. This application form must be completed in ink, signed and dated by the **Applicant**. Please attach an updated and relevant resume/CV together with certificates proving all relevant qualifications in respect of this application. All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant's** knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers' appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

By signing this application form the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurers for processing.

If there is insufficient space to complete an answer to any question in this application form, please continue on the continuation space (and additional page) provided, which should then be signed, dated, and attached to this application form.

Program Highlights

Commercial General Liability Occurrence Form - Deductible

- CGL \$1,000,000 each loss / \$2,000,000 annual aggregate
Optional limits to \$5,000,000
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Voluntary Medical Payments \$10,000
- Bodily Injury/Property Damage Deductible \$1,000
- Tenants Legal Liability \$500,000
- Emergency Vet Services \$2,500
- Reward \$1,000
- Recovery \$1,000
- Non-Owned Animal \$2,500 per animal \$20,000 per policy
- Cost for lost keys up to \$1,000
- Animal Bailee
- Run-Away Pets \$1,000

Applicant Acknowledgement

The **applicant** is at least 16 years of age and is a permanent resident of Canada

Signature

Date

Pet Professional Liability Application

WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact Holman Insurance Brokers Ltd. immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

If the Applicant is a new client to Holman Insurance Brokers Ltd. and the Applicant's previous liability policy was not on a "claims made" basis with the same "retro-active date" to that provided under this insurance application please call Holman Insurance Brokers Ltd. for advice as the Applicant may be exposed to a gap in cover. It is the responsibility of the Applicant to understand the type of insurance they are applying for.

Personal Information of The Applicant (You) - Please provide the following specific information:

Any **Applicant** who has qualified overseas shall also have to be individually approved prior to cover being authorized by Insurers.

1. Full Name of Applicant :	First Name	Initial	Last Name
Full Name of Business:	Name		

2a. Mailing Address:	Street Address		
City	Province	Postal Code	

2b. Location Address:	Street Address		
City	Province	Postal Code	

c. Telephone Number:	Business #	Cell #
c. Email Address:	Fax #	

3. Organizations that you are a current member:-			
Name of Organization	Membership No.	Date First Joined	Membership Type
Please provide evidence of current membership (e.g. Annual Certificate). Please note that if the Applicant is not a member of any of the approved organizations, there is no automatic cover and the application will have to be reviewed and specifically authorized by the Insurers, and even if the authorization is approved the detailed premiums may not still apply.			

4. Date of Birth: MM/DD/YY _____

5. Date Started Operation: MM/DD/YY _____ No of years experience: _____

Please describe your place of work ☒ **all that apply below**

☐ Mobile Service

☐ Contractor working for someone else

☐ Own the commercial building/unit where my own business is located

☐ Work out of my home

☐ Lease commercial space for my own business

☐ Other please describe: _____

6.a) Is any of your work supervised? ☐ Yes ☐ No

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If **YES**, Please advise by whom and under what circumstances:

Name of Supervisor

Address

Tel #

Email

Please provide qualifications of supervisor			

- 6.b) Do you obtain proof that all animals have current vaccinations for Rabies, DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus)? ☐ Yes ☐ No
 If **NO**, please advise why the answer is **NO**:

7. Certain dogs require Muzzles: ☐ Yes ☐ No
 If a muzzle is required, is this provide by the owner? ☐ Yes ☐ No
 Is the muzzle used at all times when in public? ☐ Yes ☐ No
 If aggressive dogs, confirm muzzles are used. ☐ Yes ☐ No
 If **NO**, please advise why the answer is **NO**:

8. Do you obtain a signed contract a/o agreement in place with owner of the animals prior to starting training? ☐ Yes ☐ No
 If **YES**, please attach sample copy of consent form, intake form or client waiver. IF **NO**, please explain why **NO**.

9. Do you confirm with the owner of all dogs that they have a Homeowners and/or Tenants package in place? ☐ Yes ☐ No
 If **NO**, please advise why the answer is **NO**:

10. Do you request full details from the owner with respect to the temperament of the dogs? ☐ Yes ☐ No
 Describe:

11. Do you work with pets valued at more than \$10,000? ☐ Yes ☐ No
12. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No
13. Have any claims for dishonesty ever been made against you whether successful or otherwise? ☐ Yes ☐ No
14. Have any complaints or investigations ever been made or undertaken against you? ☐ Yes ☐ No
15. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? ☐ Yes ☐ No
16. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No
17. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No
18. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No
19. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? ☐ Yes ☐ No
- NOTE:** If the answer to any of 8-19 above is **YES**, please provide full details:

Pet Professional Liability Application

20. Do you currently purchase Liability and/or Professional Liability Insurance? If **YES**, please give full details: ☐ Yes ☐ No
Name of Company: _____

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	TYPE OF INSURANCE	PREMIUM
				\$

If you had a "Claims Made" policy and require retro date coverage, please provide evidence of prior insurance policy.

- 21.. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If **YES**, please give full details: ☐ Yes ☐ No

22. Do you sell, manufacture, distribute or wholesale any products? ☐ Yes ☐ No
If yes, do you sell to others that are not your clients?
If yes, please give full details and describe products. ☐ Yes ☐ No

Pet Professional Liability Application

Pet Services

Please ☒ all that apply below and provide amount of Revenue for each service in the past 12 months:.

	REVENUE
<input type="checkbox"/> Pet Groomer # of animals groomed daily: _____	\$ _____
<input type="checkbox"/> Daycare	\$ _____
<input type="checkbox"/> Pet Walking	\$ _____
<input type="checkbox"/> Pet Sitting	\$ _____
<input type="checkbox"/> Pet Therapy	\$ _____
<input type="checkbox"/> Pet Training / Pet Showing Type of training / showing: _____	\$ _____
<input type="checkbox"/> Describe any other Operations: _____	\$ _____

Total Revenue \$ _____

<input type="checkbox"/> Pet Boarding Kennels If yes: # of runs: _____	SUBMIT FOR RATE
Maximum # of dogs boarded: _____	
Average # of dogs boarded: _____	
<input type="checkbox"/> Breeding Operations Name of Breed: _____	SUBMIT FOR RATE
# of dogs owned/leased for breeding purposes: _____	
# of litters per year: _____	

Anticipated revenue for next 12 months? \$ _____

EXCLUDED BREEDS – We do not provide any coverage if you train the following breeds:

<ul style="list-style-type: none">• Akitas• Alaskan Malamutes• Cane Corsos• Chows Chows• Great Danes• Mastiffs	<ul style="list-style-type: none">• Pit Bull Terriers• Presa Canaries• Rottweilers• Siberian Huskies• Staffordshire Terriers• Wolf-hybrids <p>OR ANY MIXED BREED OF ANY OF THE ABOVE</p>
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If you are working with any of the above breeds, please contact us.

Pet Professional Liability Application

PREMIUM CALCULATION & INVOICE

Subject to a satisfactory application, the **Applicant** will be charged the following:

COVERAGE – Commercial General Liability – “Occurrence Basis” \$1,000 Deductible

Write the applicable premium in the column. ▼

▼ Check off one	LIMIT OF INDEMNITY	Premium	PREMIUM	
<input type="checkbox"/> \$1,000,000 Per Claim, \$1,000,000 Aggregate		\$400	\$	
<input type="checkbox"/> \$2,000,000 Per Claim, \$2,000,000 Aggregate		\$600		
			TOTAL	\$
			BROKER POLICY FEE	\$ 50.00
			TAXABLE TOTAL PART A + PART B + POLICY FEE	\$
For residents of Manitoba add 7% Newfoundland/Labrador add 15% Quebec add 9% Ontario add 8% Saskatchewan add 6% All other provinces NO TAX			TAX	\$
			TOTAL INCLUDING TAX	\$

All premiums are annual and 100% retained.
 Please retain a copy for your records as no other invoice will be provided.
 Rates are subject to change without notice.

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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Pet Professional Liability Application

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers but we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the Professional Service(s) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Print Name

Please retain a copy for your records as no other invoice will be provided.

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.

100-1 Valleywood Drive, Markham ON L3R 5L9

Telephone: (905) 886-5630

Email: programs@holmanins.com

**Pet Professional Liability Application
Checklist**

Application completed with all questions answered. All pages #1 to #8 must be returned.

☐

Membership Documentation (e.g. Certificate of Membership).

☐

Sample consent forms attached. – page 4 question 10

☐

Premium calculation including tax for options– page 6.

☐

☐ cheque attached ☐ online Bank confirmation # _____ if online Name of Bank _____

Pet Professional Liability Application

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is a administrative fee of 2.50% charge.

Internet Banking - (NOT to be confused with Interac e-Transfer above)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
 2. Enter Holman. Choose All Categories and province Ontario and submit.
 3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
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Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method.
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Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
 5. Choose banking option: Bill Payment and follow your bank instructions.
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In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:
Holman Insurance Brokers Ltd.,
3100 Steeles Ave. East Suite 101,
Markham ON L3R 8T3

Please note: NSF Payments – there will be an additional \$25 service charge