

DOG TRAINERS AND KENNELS BOP APPLICATION

All questions must be completed even if the answer is "NA." Incomplete applications may not be quoted.

Name of Business _____ Phone _____
Contact _____ Fax _____
Mailing Address _____ Email _____

Buildings to be insured: Address: _____
Year Built _____ Square Feet _____ No of Stories _____ Occupy all? _____
Fire Sprinklers? _____ Extinguishers _____ Nearest hydrant _____

Business Personal Property (blanket limit) \$ _____
Property Deductible \$ _____

Locations where you do dog training (address and county). If mobile, state approx. areas where you cover.

Do you own or lease any of these locations? (Explain) _____

No. of Years experience _____ No. of years at this location _____

Type of dog training you do _____
Breeds of dogs you train or work with _____
Do you use other animals in your training (e.g. if you teach herding)? If so, what types? _____

Annual Revenues from Dog Training _____

Do you board or kennel dogs? _____ If so, avg. number and location? _____
Is there a night attendant? _____
Annual revenues from Dog Boarding _____

Do you take dogs to shows or demonstrations? _____ If so, please explain events types and locations.
Also, do you get extra revenue for doing this? How much annually? _____

How many dogs do you own yourself? _____ Where do you keep them and are they used in your business?

Does anyone require a certificate of insurance for your work? _____ If yes, please provide the name,
mailing address and relationship of such a party or parties: _____

Have you had insurance for this business before? _____ If yes, please provide carrier names, policy #s and
expiration dates for past three years. _____

Do you have any employees? _____ If so, please provide # of employees, annual payroll, and workers
comp carrier name and expiration date. If no workers comp, would you like a quote?

