

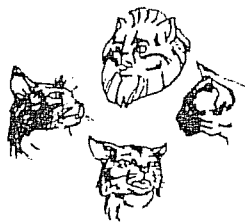


KENNEL PAK, INC.

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OFFERING SPECIAL
INSURANCE PLANS FOR:

Boarding Kennels
Animal Shelters
Groom Shops
Kennel Clubs
Dog Show Organizations
Professional Handlers

ANIMAL SHELTER INSURANCE APPLICATION

DATE: _____ YOUR NAME _____

BUSINESS NAME _____

MAILING ADDRESS _____

LOCATION ADDRESS _____

BUSINESS PHONE _____ HOME PHONE _____ FAX _____

E-MAIL ADDRESS _____ WEB SITE: _____

TYPE OF OWNERSHIP: NON PROFIT CORP _____ SOLE PROP. _____

DO YOU HAVE YOUR 501 (3) C STATUS? _____ FEDERAL ID# _____

PRESENT INSURANCE CARRIER _____ EXP. OF INS. _____

ANY CLAIMS IN THE LAST 3 YEARS _____ YEARS IN BUS. _____

USE OF BUILDING	CONSTRUCTION	BUILDING VALUE REPLACEMENT	VALUE OF CONTENTS	AGE
1. _____	_____	\$ _____	\$ _____	_____
2. _____	_____	\$ _____	\$ _____	_____
3. _____	_____	\$ _____	\$ _____	_____

SQ. FT.: BUILDING#1 _____ BUILDING#2 _____ BUILDING#3 _____

IF BUILDING IS OVER 30 YEARS OLD WHEN WERE UPDATES DONE:

ROOF _____ HEATING _____ PLUMBING _____ WIRING _____

ARE ANY BUILDING VACANT _____ VALUE OF COMPUTERS _____

IF YOU ARE A TENANT ARE YOUR RESPONSIBLE FOR GLASS COV. _____

VALUE OF FENCING: ATTACHED TO BLDG _____ UNATTACHED _____

IS YOUR FENCING CHAIN LINKED _____ IS FENCING AT LEAST 6FT _____

DISTANCE TO FIRE HYDRANT _____ #MILES TO FIRE DEPT. _____

TOTAL REVENUES _____ #ANIMALS WHEN FULL _____

DO YOU DO TRAINING _____ DO YOU HAVE A LIAB. WAIVER SIGNED _____

DO YOU OFFER TRAINING TO THE PUBLIC _____

DO YOU HAVE CERTIFIED THERAPY DOGS _____ IF YES HOW MANY _____

DO YOU HAVE VETS _____ ARE THEY EMPLOYEES _____ CONTRACTED _____

DO YOU HAVE ANIMAL CONTROL OFFICERS: YES _____ NO _____

IF YES COMPLETE SUPPLEMENTAL APP:

IS THERE A CREMATORY ON PREMISES: YES _____ NO _____

DO YOU HAVE A ADOPTION FORM WITH A HOLD HARMLESS WAIVER _____

DO YOU PET STORES AS A SOURCE FOR ADOPTIONS? IF SO COMPLETE
THE SUPPLEMENTAL APPLICATION ATTACHED.

DO YOU HAVE ANY PEOPLE YOU PAY? PERDIEM _____ 1099'S _____

DO YOU SUB-CONTRACT ANYONE? _____

HOW MANY EVENTS DO YOU PARTICIPATE IN _____ PROVIDE A LIST OF
EVENTS

THE PEOPLE WHO UNDERSTAND YOUR INSURANCE PROBLEMS

ANIMAL CONTROL OFFICERS SUPPLEMENTAL APPLICATION

ARE THEY EMPLOYEES _____ OR VOLUNTEERS _____
DO YOU HAVE A CONTRACT WITH CITY OR TWP FOR ANI. CONTROL _____
DO YOU CONTRACT ANY ANIMAL CONTROL OFFICERS _____
IF YES DO THEY HAVE THEIR OWN PROFESSIONAL LIAB. INS. _____
ARE ANY AUTHORIZED & CERTIFIED TO CARRY FIRE ARMS _____

IF YOUR HUMANE OFFICERS ARE EMPLOYEES WHAT PROCEDURES DO THEY FOLLOW:

STATE CERTIFICATION OR LICENSE REQUIRED _____
HOW MANY HOURS ARE REQUIRED FOR STATE CERTIFICATION _____
ARE CONTINUING EDUCATION CLASSES REQUIRED _____
DO YOU HAVE A PROCEDURE MANUEL IN PLACE _____
ARE YOUR OFFICERS COURT APPOINTED: _____
DO YOUR HUMANE OFFICERS HAVE THE JURISTATION TO SEIZE ANIMALS FROM THE PREMISES _____

IS A SEARCH WARRANT REQUIRED BEFORE ENTERING THE PREMISES _____

WHAT ARE YOUR PROCEDURES IN A HOSTILE SITUATION _____

DO YOU HUMANE OFFICERS CARRY FIREARMS _____

LIST NAMES OF YOUR HUMANE OFFICERS

1. _____ 2. _____

3. _____ 4. _____

VOLUNTEER INFORMATION

DO YOU HAVE VOLUNTEERS? _____ NUMBER OF VOLUNTEERS _____

WHAT KIND OF TRAINING DO YOU PROVIDE FOR YOUR VOLUNTEERS _____

LENGTH OF TRAINING PERIOD FOR VOLUNTEERS _____

DO YOU HAVE ALL VOLUNTEERS SIGN A HOLD HARMLESS WAIVER? _____

IS THERE A PROCEDURE MANUAL IN PLACE? _____

IF YES PLEASE PROVIDE A COPY.

DO YOU REQUIRE ANY BACKGROUND EXPERIENCE IN THE ANIMAL CARE
FIELD FOR VOLUNTEERS? _____

WHAT IS THE AGE LIMITATION FOR VOLUNTEERS _____

DO YOU REQUIRE A PARENT OR GUARDIAN TO SIGN FOR VOLUNTEERS IF
UNDER THE AGE OF 18? _____

DO YOU REQUIRE A PARENT OR GUARDIAN TO BE PRESENT WITH THE
UNDER AGE VOLUNTEER WHEN DOING VOLUNTEER DUTIES? _____

FOSTER CARE PROGRAM

#OF FOSTER CARE HOMES _____ HOW ARE THE HOMES EVALUATED _____

IS THERE A APPLICATION FOSTER HOMES COMPLETE? _____

DO YOU HAVE THEM SIGN A HOLD HARMLESS WAIVER _____

IS YOUR FOSTER CARE APPLICANT A VOLUNTEER? _____

WHAT KIND OF TRAINING IS PROVIDED FOR YOUR FOSTER _____

EVALUATION PROCEDURES FOR ANIMALS

HOW ARE ANIMALS EVALUATED _____

HOW ARE ANIMALS HANDLED IF THEY SHOW AGGRESSION _____

ARE ANIMALS STILL PLACED IF THEY SHOW AGGRESSION TOWARDS _____

PEOPLE _____

OTHER ANIMALS _____

FOOD _____

WHAT PROCEDURES ARE TAKEN IF THE ANIMAL HAS BITTEN SOMEONE

WHO MAKES THE DECISION IF A ANIMAL HAS TO BE EUTHANIZED? _____

IF YOU HAVE A ANIMAL THAT IS A KNOWN BITER DO YOU PLACE IT UP
FOR ADOPTION? YES _____ NO _____

BEFORE COVERAGE IS BOUND PLEASE PROVIDE THE FOLLOWING: 3 YEAR
LOSS HISTORY, PICTURES OF FACILITY, COPIES OF YOUR ADOPTION
CONTRACT, HOLD HARMLESS WAIVERS, FOSTER CARE AGREEMENT AND
ANY PROCEDURE MANUELS.

SIGNATURE _____ TITLE _____

ADDITIONAL LOCATIONS

ADDRESS _____

BUILDING VALUE _____ CONTENTS VALUE _____

CONSTRUCTION: MASONRY _____ FRAME _____

AGE OF BUILDING _____ SQ. FEET _____ #STORIES _____

IF BUILDING OVER 25 YEARS WHEN UPDATED

WIRING _____ PLUMBING _____ ROOF _____ HEATING _____

MILES FROM FIRE DEPT _____ FIRE HYDRANT _____

VALUE OF ATTACHED FENCING _____ UNATTACHED _____

OF ANIMALS WHEN FULL _____ COUNTY _____

VALUE OF COMPUTERS _____

ADDITIONAL POLICIES AVAILABLE IF NEEDED

COMMERCIAL UMBRELLA: LIABILITY LIMIT _____

COMMERCIAL AUTO: LIAB. LIMIT _____

PIP LIMIT _____

MEDICAL _____

UNINSURED _____

UNDERINSURED _____

COMPREHENSIVE DED. _____

COLLISION DED. _____

YEAR, MAKE, MODEL, ID# 1. _____

2. _____

3. _____

4. _____

5. _____

LOSSES IN THE LAST 5 YEARS: ATTACH LOSS HISTORY

WORKERS COMPENSATION: FEDERAL ID # _____

CLERICAL CLASS: PAYROLL _____ #FT EMP _____ #PT EMP _____

KENNEL/VET/DR. PAYROLL _____ #FT EMP _____ #PT EMP _____

LOSSES IN THE LAST 5 YEARS: ATTACH LOSS HISTORY

DRIVERS LIST

VEHICLE OPERATORS INCLUDING ANY VOLUNTEERS

FULL NAME	DATE OF BIRTH	DRIVERS LIC#	STATE
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1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

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KENNEL PAK, INC.
PO BOX 931
YORK, PA. 17405

SUPPLEMENTAL APPLICATION FOR ORGANIZATIONS WHO
USE PET STORES FOR OFF SITE ADOPTIONS

LIST NAME AND ADDRESS OF ALL PET STORES USED:

NAME _____ NAME _____
ADDRESS _____ ADDRESS _____

ADDITIONAL INFORMATION NEEDED FOR EACH PET STORE LOCATION
USED:

CONSTRUCTION OF BUILDING: MASONRY OR FRAME _____
AGE OF BUILDING _____ DISTANCE TO FIRE DEPT _____
DISTANCE TO FIRE HYDRANT _____
DO YOU HOUSE ANIMALS AT THE STORE ON A FULL TIME BASIS :
YES _____ NO _____
IF YES # OF CATS _____ # OF DOGS _____
WHO MAINTAINS THE CARE OF THE ANIMALS _____

DO YOU TAKE ANIMALS TO THE PET STORE FOR ONE DAY ADOPTIONS:
IF YES # OF CATS _____ # OF DOGS _____
OF VOLUNTEERS OR EMPLOYEE'S WHO OVERSEE THE ADOPTON DAY

HOW OFTEN DO YOU DO THE ONE DAY ADOPTIONS: _____
WHAT SUPERVISION IS PROVIDED AT THE ADOPTIONS _____

DO YOU HAVE WRITTEN PROCEDURES IN PLACE FOR VOLUNTEERS OR
EMPLOYEES WHO OVERSEE THE ADOPTION? _____
IF YES PLEASE PROVIDE A COPY.
WHAT KIND OF TRAINING & EDUCATION DO YOU PROVIDE FOR YOUR
VOLUNTEERS OR EMPLOYEES IN REGARDS TO "A SAFE ADOPTION
EVENT" _____

ARE SIGNS POSTED ON CAGES "WARNING TO KEEP HANDS/FINGERS OUT"
YES _____ NO _____
ARE DOGS LEASHED WHEN OUTSIDE OF CAGES/CRATES? _____
IS THERE A DESIGNATED AREA ROPED OFF TO KEEP THE PUBLIC FROM
INTERACTING WITH THE ANIMALS _____

DATE _____ BUSINESS NAME _____
SIGNATURE _____