

Application For Kennel Pak Non-Profit Organization Directors, Officers And Employees Liability And Reimbursement Insurance



Zurich American Insurance Company

Please answer all of the following questions and indicate if a question is not applicable:

1. GENERAL INFORMATION

- a) Applicant's Name _____
- b) Address _____
- c) Date Established _____
- d) Policy Period Requested: From _____ To _____

2. TOTAL NUMBER OF EMPLOYEES

FULL TIME: _____ PART TIME: _____ VOLUNTEERS: _____

3. TOTAL ASSETS :

4. TOTAL FUND BALANCE:

5. DO YOU OWN OR OPERATE A PET HOSPITAL OR RELATED PET HEALTHCARE FACILITY?

If yes, attach a description of the facility(s).

6. Have any Loss payments been made on behalf of the proposed Policyholder or any Insured Individual under any Directors & Officers liability policy, Employment Practices liability policy or similar insurance? If yes, attach details.

7. Have any Claims been made against any person(s) proposed for this insurance in their capacity as an Insured Individual of the Policyholder(including Loss Payment and Defense Cost). If there any exceptions, please attach complete details.

8. Are any person(s) or entity(s) proposed for this insurance is cognizant of any fact, circumstance or situation which he/she has Reason to suppose might afford grounds for any claim such as would fall within the scope of the proposed insurance.

If there are any exceptions ,please attach complete details.

It is agreed and understood that with respects to questions contained in Section 6,7, or 8, if such knowledge exists

Any Claim arising there from is excluded from proposed insurance.

Signature of Authorized Representative _____ Title PRESIDENT _____ Date _____

RETURN TO: KENNEL PAK, INC.
ATTN: SHARON BENDER
PO BOX 931
YORK, PA. 17405



Phone # 800-237-7015 EXT 106
Fax # 717-741-4720
Email: SHARON@KENNELPAK.COM