

APPLICATION FOR INSURANCE

for the PROfur™ program provided exclusively by
KRS Insurance Brokers Inc.

STATEMENT / DECLARATIONS

Estimated Annual Receipts: \$
Do you use case history or pet information cards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of and do you adhere to municipal ordinance with respect to number of dogs kept in daycare and for overnight care if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIONS

INDICATE ALL OPERATIONS:		% of revenue
Grooming Type: <input type="checkbox"/> Spa <input type="checkbox"/> Contractor <input type="checkbox"/> Mobile <input type="checkbox"/> Home-Based <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Animals are caged while awaiting service or pickup	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dog Walking <i>[NOTE: if yes, supplementary application required. See p.4]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In Home Pet Sitting <i>[NOTE: if yes, supplementary application required. See p.4]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boarding of Cats or Dogs <i>[NOTE: if yes, supplementary application required. See p.5]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet Daycare (Max. number of dogs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet Nightcare (Max. number of dogs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retail Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obedience Training Employee or Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify):		

Groomers

Animals Groomed (specify)	<input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other:
Expressing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coat Dying	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you manufacture or sell merchandise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are services provided for show dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application date:

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Reference #:

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If this box is checked please complete this portion of the application.
If not checked, please continue to page 4 for Pet Boarding Supplemental Application and/or Declaration section for submission.

DOG WALKING AND PET SITTING SUPPLEMENTAL APPLICATION

Dog Walking

Maximum Number of Dogs Walked at Once?	
Are Dogs Taken Off-Leash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	
Do you ensure each dog has current vaccinations for Bordetella, rabies, DHPP (distemper, hepatitis, parainfluenza, parvovirus)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In Home Pet Sitting

What types of pets do you provide pet sitting for?	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other:
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Dog Walking & Pet Sitting

Estimated maximum value of any one pet in your care?	\$
How many client's keys are in your possession at any one time?	
Are customers keys kept in a locked compartment or safe when permanently left in your possession?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't have their keys
Are Choker Collars Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who provides the choker collar?	<input type="checkbox"/> Us <input type="checkbox"/> Customer
Do you transport customers' dogs in your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

****Include samples of your Pet Information Form, Consent/Release Forms or Contracts ****

STATEMENT / DECLARATIONS

If this box is checked please complete this portion of the application.
If unchecked, please continue to Declaration section for submission.

PET BOARDING SUPPLEMENTAL APPLICATION

What types of pets do you board?	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other:
Maximum number of pets boarded at once?			
Percentage of gross receipts from pet boarding?	%		
How are pets boarded?	<input type="checkbox"/> In crates or individual rooms	<input type="checkbox"/> Uncrated	<input type="checkbox"/> Both
What is the maximum number of dogs that are uncrated <u>and</u> together at once?			
Are customers separated from other boarded pets during pickup/drop off their pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Estimated maximum value of any one pet in your care?	\$		
Do you ensure each dog has current vaccinations for Bordetella, rabies, DHPP (distemper, hepatitis, parainfluenza, parvovirus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you ensure each cat has current vaccinations for FVRCP (Feline Virus Rhinotracheitis, Calicivirus Infection, Panleukopenia) and Rabies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have customers complete pet information forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you obtain consent or release forms from all pet owners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

STATEMENT / DECLARATIONS

Please list all employees (including yourself) who are groomers, dog walkers or daycare providers
(do NOT list contractors – they require their own coverage)

Names of All Groomers, Dog Walkers & Daycare Providers Including Active Owner(s)	Groomer	Years of Grooming Experience	Dog Walker	Dog Daycare Provider	Pet 1 st Aid Certified?
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
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	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

Where did you hear about us?

Other documents

As part of this application, please forward the following documents by email to **profur@krsinsurance.ca**. Reference the **Application ID** you will receive on clicking the “submit” button below to submit this application.

- Pet Information Form
- Consent/Release Form(s)
- Contract(s)

DECLARATION & PERSONAL INFORMATION CONSENT

This application is attached to and forms part of the insurance contract for which you are applying. Any applicant who gives false particulars or knowingly misrepresents or fails to disclose any fact in any part of this application will void the contract of insurance, and may subject you to criminal and civil penalties.

Upon electronic submission of this application, you declare that the information provided is true and correct and hereby apply for a contract of insurance to be based upon the truth of these statements. Further, you understand that the submission of this form is only an application for insurance. The effective date of insurance will be determined by the insurer.

By submitting this application, you also declare that you have read and consent to KRS Insurance Brokers Inc.'s [Personal Information Policy](#) (“Policy”) for the current and future collection, use and disclosure of personal information in accordance with the Policy.

I Agree to the Declaration and Consent Above

We never rent or sell our customers’, applicants’ or subscribers’ information.

Application date:

Reference #: