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www.xinsurance.com
www.eibdirect.com



ANIMAL LIABILITY

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Is Applicant the animal owner? Yes No If no, please list the owner: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Fax: _____

Physical location where animal(s) are housed (if different than above): _____

Population within 50 miles: _____

Contact Person: _____

Producer's Name: _____ Telephone Number: _____

Producer's E-mail: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant ever had a claim? Yes No

Has the animal bitten another human or animal? Yes No If yes, please explain: _____

Were the bite(s) provoked? Yes No If yes, please explain: _____

Please describe nature and severity of the bite(s): _____

Has the animal damaged property belonging to another person? Yes No If yes, please explain: _____

Has the animal been deemed dangerous or vicious? Yes No If yes, please explain: _____

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Note: No coverage can be quoted for commercial operations.

Limit of Liability (with per person sub-limit):

- \$25,000 per person / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$100,000 per accident / \$200,000 aggregate
- \$100,000 per person / \$200,000 per accident / \$400,000 aggregate
- \$150,000 per person / \$200,000 per accident / \$500,000 aggregate
- Other: _____

Limit of Liability (with no per person sub-limit):

- \$50,000 per accident / \$100,000 aggregate
- \$100,000 per accident / \$200,000 aggregate
- \$250,000 per accident / \$500,000 aggregate

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

Note: Higher SIRs will generally reduce the premium charged, but SIRs of \$2,500 or greater must be accompanied by proof of the Applicant's ability to pay that SIR amount (i.e. last year's tax return forms).

3. Pet Information

1. Is your pet used for a purpose other than personal? Yes No

If yes, please explain: _____

2. Please list the animal's veterinarian's name and contact information: _____

3. Does the animal have all required vaccinations? Yes No If no, please explain: _____

4. Does the animal have all recommended vaccinations? Yes No If no, please explain: _____

5. Has the animal been trained by a professional? Yes No

a. If yes, please describe the training: _____

b. What was the purpose of the training? _____

c. Please list the trainer's name and phone number: _____

d. Has the animal been trained to attack on command? Yes No If yes, please explain: _____

6. Please list the name of all persons who walk the animal: _____

7. Do you own or rent your home? Own Rent

a. Your home is: apartment duplex, or other multi-family structure condo or townhouse house

b. If you have a private yard, is your yard fenced or walled in? N/A Yes No

If yes:

i. Height of fence/wall: _____ ft.

ii. Type of fence/wall:

Wood fence with separated slats (e.g. picket fence)

Wood slats with no space between slats

Chain link fence

Brick or cement wall

Other: _____

iii. Does fence completely enclose the yard? Yes No

If no, describe: _____

iv. Is the bottom of the fence buried 12 or more inches underground? Yes No

v. Is/are the animal(s) allowed in the yard unattended? Yes No

8. Do you have signs posted warning passerby about the animal? Yes No

No

If yes, list number of signs and text on each sign, and explain why signs are posted: _____

9. What is the nearest public facility (e.g. church, school, public park)? How far away is the facility? _____

10. Do you have a kennel or secured area for the animal? Yes No

If yes,

a. When is the kennel or area used? _____

b. If a animal kennel, does the kennel have a top? Yes No

11. How is the animal confined when you are away from the home? _____

12. Do you use a shock collar or other similar electronic restraints for any animal? Yes No

If yes, describe restraint and typical use of restraint: _____

13. Are there children in the home? Yes No

a. If yes, list number of children and children's ages: _____

14. Do you conduct business from your home? Yes No

If yes:

a. Type of business: _____

b. Do customers, business partners, sales people or other similar business visitors come to your home? Yes No

c. If yes, is/are the animal(s) restrained or confined during business hours? Yes No

Describe: _____

15. Are animals required to be registered in your area? Yes No

a. If yes, by what authority (check all that apply)? City County State

Other: _____

b. Attach a copy of all licenses held by any animal in your house.

16. What is the maximum number of animals allowed by law in a household in your state? _____

17. Is coverage required by any municipality, contract or ordinance? Yes No

Is off-premises liability coverage required? Yes No

18. Any travel plans which will include any animal in the next twelve months? Yes No

If yes:

a. Describe travel plans: _____

b. How will the animal be controlled during travel? Describe: _____

c. If you have travel plans, but the animal will not travel with you, describe care arrangements:

19. Have any of the animals to be insured shown any aggressive behavior, or have been involved in any incidents with the public? Yes No

If yes, explain: _____

20. Complete the following table for each animal at this physical location. Indicate whether the animal is to be considered as part of this quote for insurance in "To Be Insured?"

ANIMAL'S NAME					
BREED					
SPAY OR NEUTERED					
GENDER					
AGE					
COLOR					
WEIGHT					
HEIGHT					
MARKS					
YEARS OWNED					
REGISTRATION TAG NUMBER					
MICROCHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RABIES VACC.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE INSURED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# OF ANIMAL BITES A=ADULT C=CHILDREN					

NOTE: Animal bites to an Adult put A with the number following; to a children put C with number following.

Animal Owners Only

21. Does the Applicant's yard have a dog run? Yes No N/A

If yes, describe the dimension of the dog run: _____

Does the dog run have a top? Yes No

22. If any animal to be insured is a dog, is any dog ever chained up? Yes No

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

CLAIMS HISTORY & INCIDENT DISCLOSURE FORM

Coverage provided under any Policy/Certificate is contingent on the following warranty, requirements, and acknowledgements as evidenced by the Named Insured's or Agent for the Named Insured's signature.

Have you had *any* prior incident, event, occurrence, claim, lawsuit, notice of loss, loss, or any incident, event, or occurrence that you are currently aware of that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss? **(YOU MUST MAKE A SELECTION)** YES NO

If you answered yes above, please complete the following information (**PLEASE COMPLETE PAGE TWO FOR EACH AND EVERY CLAIM AND INCIDENT):

Policy Year	Date of Loss/Claim/Incident	Description of Loss/Claim/Incident	Amount Paid (if any)

By signing this document, the undersigned Applicant or Applicant's Agent hereby warrants to the Insurer that to the best of the Applicant's knowledge all of the information provided herein is complete, truthful, and accurate. The Applicant further understands and agrees that any insurance policy or certificate issued by the Insurer may, at the Insurer's discretion, be rescinded and voided [null and void from the beginning] in the event that the Applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/Insured's Name: _____

Applicant's/Insured's Signature: _____ Date: _____

Signature of Applicant's Broker or Agent: _____ Date: _____

Printed Name of Applicant's Broker or Agent: _____

Witness' Signature: _____ Date: _____

Witness' Printed Name: _____

Information:

Applicant Name:		Quote Number:
Claimant Name:	Age:	Sex:
Date of Alleged Incident:		Date Claim was made or Suit brought:
Insurance Carrier to Whom Claim/Circumstance Reported:		

Claim/Incident Status: For all Paid and Reserve amounts, include both Indemnity and Expense dollars.

Dismissed:		Defense Verdict:	
Plaintiff Verdict:	Total Paid: \$	Paid on Your Behalf: \$	
Settlement:	Total Paid: \$	Paid on Your Behalf: \$	
Open:			
Settlement Demand: \$	Settlement Offer: \$	Loss Reserve: \$	

Detailed description of Claim/Incident:

What steps have you taken to reduce the chance of this type of claim/incident in the future? _____

By signing this document, the undersigned Applicant or Applicant's Agent hereby warrants to the Insurer that to the best of the Applicant's knowledge all of the information provided herein is complete, truthful, and accurate. The Applicant further understands and agrees that any insurance policy or certificate issued by the Insurer may, at the Insurer's discretion, be rescinded and voided [null and void from the beginning] in the event that the Applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/Insured's Name: _____

Applicant's/Insured's Signature: _____ Date: _____

Signature of Applicant's Broker or Agent: _____ Date: _____

Printed Name of Applicant's Broker or Agent: _____

Witness' Signature: _____ Date: _____

Witness' Printed Name: _____