



ANIMAL SHELTER SUPPLEMENT

(To be attached to ACORD applications)

P.O. Box 2009, Glen Allen, VA 23058-2009
(800) 431-1270 Fax (804) 527-7966

NAMED INSURED: _____

1. Does the insured employ humane officers? Yes No
If yes, what training is required for them? _____
2. Does the insured operate an incinerator or gas chamber on the premises? Yes No
If yes, what controls are in place to prevent fires? _____
3. Have employees/volunteers received proper animal handling training? Yes No
4. Are employees/volunteers instructed on safe handling of aggressive, vicious, diseased or frightened animals?
 Yes No Describe the procedures. _____

5. Does the insured have a training program for volunteers & clear guidelines establishing their duties? Yes No
6. Are signs posted warning the public to keep hands & fingers out of animal cages? Yes No
7. Are prospective owners assisted when handling animals? Yes No
8. Is the public allowed in the area where animals are kept without a staff member or volunteer? Yes No
9. Are employees/volunteers trained to recognize symptoms of illness in animals? Yes No
10. Are the health & condition of animals evaluated prior to placing them in the general population? Yes No
11. Are dogs kept on leashes at all times when outside of their kennels? Yes No
12. Is the public restricted from isolation areas & euthanasia rooms? Yes No
13. Are all drugs & narcotics kept under lock & key with access restricted? Yes No
14. Does the insured operate a mobile medical or emergency response vehicle equipped with expensive medical supplies and equipment? Yes No
If yes, how is the vehicle safeguarded? _____
15. Does the insured provide shelter for larger animals (like horses, cows, etc.)? Yes No
16. Are all animals immunized against rabies and distemper? Yes No
17. Does the insured require the adoptive families to sign waivers holding the shelter harmless for all acts, behavior and conditions of the animal once it has left the shelter? Yes No
If yes, please attach a copy. _____
18. Is there an employed veterinarian on staff? Yes No
If not, are subcontracted veterinarians used? Yes No
If subcontractors are used, are certificates of professional liability insurance required from them? Yes No

Additional Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____