

SUPPLEMENTAL ANIMAL GROOMING AND VETERINARIAN APPLICATION

1. Applicant's Name: _____

2. Do you provide special obedience or attack dog training services? _____

3. Do you have any involvement with thoroughbreds, commercial farming, ranching, or exotic animals? If so, explain.

4. Gross Receipts _____ Payroll _____ Other _____

5. What is the square footage of the premises that you occupy? _____ sq. ft.

6. State any degree or certification achieved involving your occupation.

State any special licenses or certificates required by any federal, state or local municipality.

Are the insured, partners and employees all currently licensed? _____

Has your license ever been revoked or suspended? If so, explain.

7. Are you in private practice? _____ or employee? _____

8. State any professional organization membership. _____

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date

Agent: _____

Address: _____

Chris-Leef General Agency
P.O. Box 3747, Shawnee Mission, KS. 66203
(913) 631-1232 (913) 631-1128 fax
contract@chris-leef.com