



PET PAK PROGRAM APPLICATION
General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____ Policy Term _____

Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

Description: Veterinarian Animal Grooming Other (Describe) _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

Do you offer: Training of attack dogs Animal obedience training

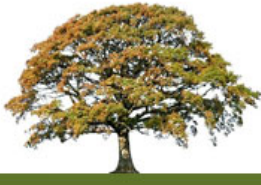
Are you: In private practice An employee Subcontractor

Are all applicants partners and employees currently licensed? _____

Please list and explain any actions taken against your professional licenses in the last 5 years (i.e. revocation, suspensions, fines, etc.) _____

List professional degrees or achievements, memberships in professional organizations _____

Explain any work done with thoroughbreds, exotic or rare animals, commercial ranching or farming _____



ROYAL OAK UNDERWRITERS, INC.
 Excess and Surplus Lines Insurance Wholesalers

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THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

_____	_____
_____	_____
_____	_____

Comments _____

_____	_____
_____	_____
_____	_____

Applicant Signature

Producer Name & Address

Date

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY