SUPPLEMENTAL ANIMAL GROOMING AND VETERINARIAN APPLICATION

| 1. | Applicant's Name: |
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| 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| | Has your license ever been revoked or suspended?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 |
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COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date