



General Information

Legal Name of Business (if applicat	ole)			
Owner/Operator (Main Contact)		Position		
Telephone Number	Fax Number	Email Address		
Business Address				
Mailing Address (if different from ab	ove business address)			
Is this business within your home?	Yes No Please provid	de address:		
If in your home do you carry homeowners insurance? 🗌 Yes 🗌 No Insurance Provider (if applicable)				
Insurance Information				
Are you a member in good standing	with the CKC?	es 🗌 No Membership Number		
What type of dog do you breed?				
Approximate number of litters each	year	(If over 10 litters per year, additional premium will apply)		
How many dogs do you own and ar	e on the premises?			
Approximate charge/cost per puppy		Stud Fee		
Do you house non-owned dogs for breeding purposes?				
If yes, what is the approximate time frame that you will house a dog for breeding purposes?				
Do you provide day care/pet sitting? Yes No				
If yes, what is the maximum number of dogs you take in per day?				
Do you provide boarding? Yes No				
If yes, what is the maximum number of dogs that can be boarded within your operations?				
If yes, do you offer boarding services to the public? Yes No				
If not to the public, who do you provide boarding services to?				
Do you request proof of updated shots/vaccinations for dogs prior to boarding/sitting? Yes No				

CKC Breeders Liability Insurance Application	CANADIAN KENNEL CLUB CLUB CANIN CANADIAN		
What qualifications does staff have with respect to dog care?			
How many staff are present daily?			
Is there a required staff to dog ratio maintained? 🗌 Yes 🔲 No If yes, please provide ratio			
Do you provide grooming? Yes No If yes, approximately how many dogs per week do you groom?			
Do you provide obedience training?			
If yes, do you provide classes? I Yes I No If yes, how many dogs per class?			
Do you provide one on one obedience training? Yes No			
Do you provide hunting dog training? 🗌 Yes 📄 No 🛛 Are projectiles utilized? 🗌 Yes 🔲 No			
When training, is owner always present? 🗌 Yes 🔲 No			
If not present, is a waiver obtained? Yes No			
What is your Gross Annual Income for all Breeder and Additional Operations you provide as outlined above? \$			
What limit of liability quotation are you looking for?			
□ \$1,000,000 □ \$2,000,000 □ Other \$			
Claims Information			
Over the past five years, have you made any insurance claims or had any losses? If yes, please provide details			

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Applicant	Date
Signature	



CKC Breeders Liability Insurance Application



Consent to the collection, the use and the disclosure of personal information Subject: Insurance

It is understood that BFL Canada Risk and Insurance Services Inc., following its Privacy Policy and as permitted by relevant privacy laws or other laws, will collect, use or disclose all necessary information required for the processing of

___'s insurance portfolio or to provide consulting and/or risk management services.

It is also understood that BFL Canada will communicate the information obtained to third parties, including insurance companies, for the purpose of establishing the premium and the assessment of risk, as well as for verification, assessment and settlement of losses purposes.

It is acknowledged that

obtained by virtue of the present consent and to have it corrected, if need be.

has the right to access information

By signing and returning this form to BFL Canada, ________ hereby expressly consents or renews its consent to the collection, use and disclosure of personal information of individuals to third parties as required, including insurance companies. Where personal information of individuals is collected, used and communicated and the client is a commercial or other entity, the client hereby covenants and warrants that it has obtained the appropriate consent from all the individuals to disclose their personal information to BFL Canada for these purposes accordingly.

Date

Title of Authorized Representative

Kennel/Business Name

Signature of Authorized Representative

To review personal information maintained by BFL Canada pertaining to your file, obtain copies of BFL Canada's privacy policies, or for any other privacy enquiries, please contact BFL Canada's Privacy Officer at 604-678-5459 or toll free at 1-866-688-9888, or by other means as detailed on BFL Canada's website at www.bflcanada.ca

For a final quote please send your completed application by email or fax to:

BFL Canada Risk & Insurance Services Inc. 181 University Avenue, Suite 1700 Toronto, Ontario, M5H 3M7 Telephone: 1-(800) 668-5901 or 416-599-5530 Fax: (416) 599-5458 Email: Claire Cosme at: <u>ccosme@bflcanada.ca</u> or Kris Gaetano at: <u>kgaetano@bflcanada.ca</u>

Please note all premiums are 100% minimum retained