

# Pet Lodging (Kennels) Underwriting Supplement



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| Facility Information:                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Independent <input type="checkbox"/> Franchise                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Exotics (describe) |
| Type of Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Traditional Kennel <input type="checkbox"/> Private Kennel <input type="checkbox"/> Cage-free <input type="checkbox"/> Luxury Suites<br><input type="checkbox"/> Climate-controlled <input type="checkbox"/> Agility/Obedience Training <input type="checkbox"/> Day Camp <input type="checkbox"/> Grooming<br><input type="checkbox"/> Veterinary Check-ups <input type="checkbox"/> Other |                                                                                                         |
| Indicate which features are associated with your facility. Check all that apply:<br><input type="checkbox"/> Air Purification/Filtration System <input type="checkbox"/> Antimicrobial Artificial Turf Yards <input type="checkbox"/> High Double-Fencing<br><input type="checkbox"/> Outdoor Play Equipment <input type="checkbox"/> In-Ground Pool/Water Features <input type="checkbox"/> Waste Drainage/Collection System<br><input type="checkbox"/> Webcams |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |
| Hours of Staffing:                                                                                                                                                                                                                                                                                                                                                                                                                                                | to                                                                                                                                                                                                                                                                                                                                                                                                                   | Average # staff per shift                                                                               |
| Accreditations or membership in any industry associations:<br><br>Do you use independent contractors for any pet care services? If yes, please describe:<br><br>Have you had any outbreak of infectious disease in the past 36 months requiring closure and notification to public health authorities?                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Does your facility encourage tours by prospective clients?                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Do you conduct background checks of all staff?                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Do you set clear expectations for employees and clients for care and services?                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Do you provide pickup and delivery service of pets?                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                | How are pets transported? <input type="checkbox"/> Company vehicle <input type="checkbox"/> Employee vehicle <input type="checkbox"/> Service                                                                                                                                                                                                                                                                        |                                                                                                         |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | After check-in, are pets ever taken off premises?                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Do you walk dogs away from premises? (Maximum # dogs per employee: _____)                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Do you require owners to complete pet questionnaires prior to check-in?                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are there posted policies allowing refusal of boarding based on breed, behavior or health of animal?                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Has your boarding agreement been reviewed by qualified legal counsel?                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you require certification of current vaccinations for all animals boarded?                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 10a                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dogs - rabies, distemper, hepatitis, leptospirosis, parainfluenza, parvovirus (DHLPP), and Bordetella. List those not required:                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 10b                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cats - rabies, panleukopenia or distemper, feline rhinotracheitis, calici virus, and pneumonitis (FVRCP). List those not required:                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 10c                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Do you accept titers testing (other than rabies) in lieu of vaccinations?                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you document detailed medical, special care and behavioral information?                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you administer prescribed medications?                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you have qualified 24/7 veterinary care available in the event of an emergency?                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Is your staff trained to detect illness or other signs of medical attention?                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you have a separate isolation/quarantine rooms or area within the facility?                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Is the staff trained to wear personal protective equipment in quarantine situations?                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Are pet owners permitted to bring their own pet food, supplies, toys, etc.?                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you regulate dog playgroups by size and temperament?                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Does your staff provide a report on the pet's experience at check out?                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 19a                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of software: _____ How often are records backed up? _____                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Is your business software capable of tracking daily pet behavior?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you regularly monitor social media for posts about your facility?                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you have a communication plan prepared for disease outbreak or other issues?                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you have pet relocation agreements with other kennels in the event of disaster?                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do you keep accurate records of scheduled cleaning and sanitization? <input type="checkbox"/> Chemical based <input type="checkbox"/> Mop system <input type="checkbox"/> Pressure washing <input type="checkbox"/> Steam sanitizing <input type="checkbox"/> UV sanitizing<br>Describe your sanitation procedures and products                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                |