

for the $\mathsf{PRO}\mathit{fur}^{\scriptscriptstyle\mathsf{TM}}$ program provided exclusively by KRS Insurance Brokers Inc.

| Preferred Effective Date: | February 28 2019 | | |
|----------------------------|-------------------------------|---|------------------------------------|
| | | | |
| Incorporated Name: | | | |
| Operating/Registered Name: | | | |
| Names of All Owners: | Test | | |
| | | | |
| | | | |
| Contact Info | | | |
| First Name: | Test | | |
| Last Name: | Test | | |
| Mailing Address: | test | | |
| | test | | |
| | Ontario | | |
| | m5m 1w4 | | |
| Work #: | | | |
| Cell #: | 647-808-1089 | | |
| Email: | deryk.clark@bdc.ca | | |
| | | | |
| | | | |
| | | | |
| Services: | Boarding/Daycare - Yes | Pet Sitting (in Customer's Home) - No | Retail Sales - No |
| | Dog Training - No | Self-Serve Pet Wash - No | |
| | Dog Walking - No | Pet Taxi - No | Teaching Pet First Aid - No |
| | bog walking 110 | rectual 110 | Other Services |
| | Grooming - No | Pet Therapy - No | Not Listed Above - No |
| Places of Work: | Contractor - Yes | Lease Location - Yes | I own the building where my |
| FIACES OF WOLK: | | | own business is located - Yes |
| | Home Based - Yes | Mobile - Yes | |
| | | | |
| | | | |

How Did You Find Out About Us

Facebook



for the PROfur[™] program provided exclusively by KRS Insurance Brokers Inc.

Submitting this application allows us to confirm your eligibility, coverage and premium for your business. It does not obligate you to buy a policy – we will only issue a policy if you ask us to! A copy of this application will be emailed to you once submitted so you'll have a copy for your records.

If your business owns or leases multiple locations, please submit an application for each location. Independent contractors and mobile services only need to submit 1 application.

We are Unable to Insure Businesses Providing the Following Services:

- Diagnostic services
- Nutrition counselling
- Veterinarian services
- Breeding
- Equine services
- Farm animal services
- Dental hygiene services, including anesthetic free teeth cleaning, scaling, polishing and tartar removal (brushing, flossing and application of a non-clinical breath spray are acceptable)
- Dog trainers providing training for the following: service, therapy, guide, police, guard/security, or search and rescue dogs
- Off-leash dog walking unless dogs are in a fenced private yard or a sanctioned public off-leash area
- Pet sitters providing lawn care or snow removal services (clearing a path to access a customers' home is acceptable)

I confirm that I /we do not provide any of these excluded services * - Yes

Contact and Location Information

Incorporated Name of Your Business (if NOT incorporated, leave blank)

Operating or Registered Name of Your Business (if NOT applicable, leave blank)

| Full Names of All Owners | Test |
|--|---|
| | Mr. |
| Name | Test Test |
| Work Phone | |
| Cell Phone | (647) 808-1089 |
| Website | |
| Email | deryk.clark@bdc.ca |
| Mailing Address | test test, Ontario m5m 1w4 Canada |
| Location Address | test test, Ontario m5m 1w4 Canada |
| Describe your place of work (check all that apply) | I provide a Mobile Service - No |

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| | I work out of my home - Yes I am a contractor working for someone else - No I lease commercial space for my own business - No I own the commercial building/unit where my own business is located - No |
|--|--|
| Approximate Size of Business Location | 1 to 1,000 square feet |
| Business Information | |
| What date do you want coverage to begin? | 02/28/2019 |
| | |
| How many years of experience or training do you have that is similar to the pet care services you are providing? | 6 |
| | |
| Do you keep a record of any behavior and medical issues declared by each Pet's owner? | Yes |
| | |
| Do you require Pet owners to sign a consent or waiver form? | No |
| Do you work with pets valued at more than \$10,000? | No |
| | |
| Estimated Annual Revenue | \$50,001 to \$100,000 |
| Name of Previous Insurance Company | |
| | |
| Has an insurer refused to renew or cancel your policy or declined to insure your business? | No |
| | |
| Have you had any claims in the last 5 years? | No |
| Choose your coverage | |

CUSTOMERS' PETS

This is the coverage that will respond for the loss, injury or death of a customers' pet in your care,including coverage for emergency vet expenses. You do not have to be sued to use this coverage. A limit per occurrence is provided in case there are multiple pets involved in the same claim, such as could happen with boarding, daycare or dog walking.

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Customers Pets Limit

APPLICATION FOR INSURANCE

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\$10,000/pet & \$50,000/occurrence

| Customers Pets Limit | \$10,000/pet & \$50,000/occurrence | |
|--|---------------------------------------|--|
| | | |
| CONTENTS | | |
| Contents coverage includes tools, equipment, furnishings and stock, plus renovations or leasehold improvements for which you are responsible. Tell us how much coverage you need by entering the replacement value for brand new items. Use the full replacement value for brand new items to avoid being penalized if you have a claim. | | |
| Business Tools, Equipment & Furnishings (excludes vehicles) What is the cost to replace these with brand new items? (If you don't have any to insure, enter 0) | \$ 20,000 | |
| Stock Limit What is the usual value of stock or product you keep on hand? | \$ 10,000 | |
| Leasehold Improvements & Renovations | \$ 50,000 | |
| Total Contents Limit (total of above) | \$ 80,000 | |
| Liability | \$3,000,000 | |
| | | |
| Deductible | \$1,000 | |
| Tell us a little bit more about your services | | |
| Boarding/Daycare | Boarding/Daycare - Yes | |
| What type of pets are boarded or in daycare? | Dogs - Yes Cats - No Other - No | |
| Do you offer treadmill walking? | No | |
| Are dog owners separated from other boarded/daycare dogs during pickup & drop-off? | Yes | |
| Max number of customers' dogs and cats kept at any one time? | 5 | |
| Max number of customers' dogs per attendant? | 2 | |
| Do you have a business license for your boarding/daycare operation? | No | |

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| What type of facility are pets housed in? | In my home - Yes A separate building on my residential property - No Trailer - No Commercial building/unit that I lease - No Commercial building/unit that I own - No Other - No |
|---|--|
| If dogs are off-leash, are they in a securely fenced yard or a sanctioned public off-leash area? | Yes |
| Do you use any independent contractors to provide boarding or daycare services? | |
| Do you pre-screen new dogs to ensure they are social and not aggressive? | No |
| Do you ensure each dog has current vaccinations or titers for Rabies, DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus)? | No |
| Dog Training | Dog Training - No |
| Dog Walking | Dog Walking - No |
| Grooming | Grooming - No |
| Teaching Pet First Aid | Teaching Pet First Aid - No |
| Pet Sitting (in Customer's Home) | Pet Sitting (in Customer's Home) - No |
| Pet Taxi | Pet Taxi - No |
| Pet Therapy | Pet Therapy - No |
| Self-Serve Pet Wash | Self-Serve Pet Wash - No |
| Retail Sales (includes online sales) | Retail Sales (includes online sales) - No |
| Other Services Not Listed Above | Other Services Not Listed Above - No |
| Do you provide any services outside of Canada? | No |

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| Training, Education, Certification, Experience | |
|---|--|
| Have you obtained Pet First Aid Certification in the last 3 years from a program providing a minimum 6 hours of training? | No |
| | |
| List your pet care training, experience and any certification | Detailed |
| Detailed here: | Test |
| | |
| Memberships & Professional Affiliations | |
| other | PIJAC - No Other - Yes None - No |
| Provide Detail | Test |
| How did you discover us? | Facebook |
| | |
| Comments | |
| | |

Declaration & Personal Information Consent

Submitting this application allows us to confirm your eligibility, coverage and premium for your business. It does not obligate you to buy a policy - we will only issue a policy if you ask us to!

If you decide to buy a policy, then this application will attach to and form part of the insurance contract for which you are applying. Any applicant who gives false particulars or knowingly misrepresents or fails to disclose any fact in any part of this application will void the contract of insurance, and may subject you to criminal and civil penalties.

Upon electronic submission of this application, you declare that:

- 1. the person submitting this application is legally authorized to complete this application and enter into a contract of insurance on behalf of the person(s) or organization applying for the coverage;
- 2. the information provided is true and correct and you hereby apply for a contract of insurance to be based upon the truth of these statements:
- 3. No coverage is in effect until confirmed by PROfur insurance.

By submitting this application, you also declare that you have read and consent to PROfur Insurance's Personal Information Policy ("Policy") for the current and future collection, use and disclosure of personal information in accordance with the Policy. The Policy can be viewed at www.profur.ca/privacy-policy.

Note that PROfur is operated by KRS Insurance Brokers Inc. Insurance is underwritten by Intact Insurance.

I agree to Electronic Communications



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PROfur and its parent company KRS Insurance Brokers Inc. may contact me electronically regarding my quote and, if I purchase a policy, my policy information, reminder notices, claim assistance, news, updates and promotions. Consent can be withdrawn by sending an email to service@krsinsurance.ca with "Unsubscribe" in the subject line. - Yes

I Agree to the Declaration and Consent Above

Test test

We never rent or sell customers, applicants' or subscribers' information.

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