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Animal Removal Services Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Policy Period _____ to _____ Contact Phone Number: _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. Provide a detailed description of the nature of your business including all services you provide:

3. Provide a list of the types of animals removed::

EXPLAIN ALL "YES" RESPONSES

4. Do you offer removal services for potentially dangerous wildlife not Yes No
mentioned above (e.g., large cats, crocodile/alligator, carnivores including
bear, bobcat, etc)?

5. Do you respond to requests to capture or remove feral or domestic dogs? Yes No

6. Do you apply any chemicals to control or remove pests? Yes No

7. Do you perform exterminator/pest control services for insects other than bees or wasps? Yes No

8. Are all live animals removed from the premises and released into a more suitable habitat? Yes No

If no, provide details of how the animals are dispatched:

9. Do you remove dead animals from streets, roads, or highways? Yes No

If yes, how are the carcasses disposed of?

10. Do you use dogs to manage nuisance birds including water fowl? Yes No

If yes, provide a list of your customers:

Do dogs remain on the premises unattended? Yes No

If yes, provide details:

11. Do you perform building or structure repair service? Yes No

If yes, describe:

12. Are all workers employees? Yes No

If no, do you contract with an employee leasing firm? Yes No

13. Do employees paid on a 1099 meet the Federal Definition of "Independent Contractor" Yes No N/A

CONTRACTUAL LIABILITY:

1. Do you offer any guarantees or warranties? Yes No

If yes, describe:

2. Do you subcontract any work to others? Yes No

3. If yes, do you require subcontractors to carry insurance? Yes No N/A

4. Do you obtain certificates of insurance from all subcontractors? Yes No N/A

5. Do your subcontractors add you as an additional insured..... Yes No N/A
and provide you with a hold harmless agreement?

PRODUCTS/COMPLETED OPERATIONS

1. Do you sell any products?..... Yes No

2. If yes, are any products of sold or re-packaged and sold under your own label? Yes No

3. Please include a list of products sold:

PRODUCT NAME	GROSS ANNUAL SALES	INTENDED USE

Producer's Signature

Date

Applicant's Signature

Date