

**St James Insurance Group**  
**PO Box 690759**  
 Orlando, Florida 32869-32869

**CANINE LIABILITY**  
**CANINE OWNERS LIABILITY APPLICATION**  
**(Occurrence form)**

**Agency**  
 St James Insurance Group  
 6675 Westwood Blvd  
 Suite 360  
 Orlando, FL 32821

LIABILITY COVERAGE WILL BE RESTRICTED TO THE DIRECT BODILY INJURY / PROPERTY DAMAGE CAUSED BY THE OWNED SCHEDULED ANIMAL(S) / CANINE(S) ONLY. NOTE: PREMISES LIABILITY COVERAGE IS NOT AUTOMATICALLY INCLUDED.

COVERAGE IS NOT BOUND UNTIL CONFIRMED BY COMPANY

**Agency Contact Name:**  
**License #:**

**Phone:**  
**Fax:**  
**E-mail:**

**Carrier: Lloyds of London**  
**Policy Number:**  
**Status:**

**Applicant Name: Home**  
**Phone Number –**  
**Work phone: --**  
**Cell Phone --**  
**E-mail address:**

**Mailing Address:**

**Type of Insured:**

**Requested Effective Date:**

**Requested Expiration Date:**

**REQUESTED LIMITS OF LIABILITY:**

**Bodily Injury per occurrence**

**Bodily Injury per aggregate**

**Bodily Injury per claim deductible**

**Property damage limits: \$1,000 Each Occurrence / \$2,000 General Aggregate, subject to a \$250 deductible per claim**

**TOTAL NUMBER OF CANINE(S) TO BE INSURED FOR LIABILITY?:**

**PHYSICAL ADDRESS(ES) WHERE ANIMAL(S) ARE HOUSED/KENNELED:**

**Location 1:**

**Describe Location type (ex house, apartment, business, etc):**

**SCHEDULE OF COVERED ANIMAL(S) TO BE INCLUDED ON THIS POLICY**

**Animal 1:**

NAME	AGE	SEX	USE	DESCRIBE USE IF OTHER

**IS OFF PREMISES COVERAGE DESIRED FOR THIS ANIMAL?**

BREED	WEIGHT	COLOR	TAG #	MICROCHIP #	LOC #

**Has this dog been neutered or spayed?**

**Is this dog kept on chain when kept at home?**

**REMARKS (IF ANY):**

**ADDITIONAL QUESTIONS**

Named Insured: \_\_\_\_\_

Animal:

1> ANY LOSSES OR CLAIMS ( BITES / INCIDENTS ) IN LAST FIVE YEARS FROM THE SCHEDULED CANINE(S) AS STATED ABOVE OR ATTACHED HERETO?

EXPLAIN ANY LOSS DETAILS

2> HAVE ANY OF THE SCHEDULED CANINE ( S ) TO BE INSURED SHOWN ANY AGGRESSIVE BEHAVIOR OR HAVE BEEN INVOLVED IN ANY INCIDENTS WITH THE PUBLIC?

3> HOW MANY BITING INCIDENTS HAS THIS DOG BEEN INVOLVED?

Named Insured:

LIABILITY COVERAGE IS AFFORDED FOR OWNED / SCHEDULED DOG(S) / CANINE(S) ONLY.

X

Applicant's signature

Date

**NO LIABILITY COVERAGE AFFORDED FOR ANY COMMERCIAL OPERATION &/OR ACTIVITIES UNLESS SPECIFICALLY ENDORSED HERETO AND AN ADDITIONAL PREMIUM CHARGE IS MADE AND PAID BY THE ASSURED.**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OF WARRANTY OF FACT ON THIS APPLICATION SHALL BE CONSIDERED A VIOLATION OF COVERAGE AFFORDED UNDER ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION. (THIS APPLICATION WILL BECOME PART OF ANY POLICY ISSUED AS A RESULT OF ITS SUBMISSION.)**

**POLICY IS 25% MINIMUM EARNED AT INCEPTION, UNLESS OTHERWISE STATED**

Applicant's signature

Date