

Covers nonprofit animal shelters, foster-based rescues, humane societies, and SPCAs — including those with municipal animal control or sheltering contracts, spay/neuter clinics, and transport programs. Complete with ACORD 125/126. Attach the adoption agreement, foster and volunteer agreements, the bite and behavior evaluation policy, and any government contracts.

1 APPLICANT / ORGANIZATION INFORMATION

LEGAL ORGANIZATION NAME	DBA	FEIN	YEARS OPERATING
FACILITY ADDRESS	CITY / STATE / ZIP	WEBSITE	

Organization type:
☐ 501(c)(3) nonprofit ☐ Other nonprofit ☐ Municipal contractor ☐ Unincorporated group ☐ Other

EXECUTIVE DIRECTOR / CONTACT	PHONE	EMAIL

STATE SHELTER / RESCUE LICENSE NO.	ANNUAL OPERATING BUDGET (\$)

2 OPERATIONS

DESCRIPTION OF THE ORGANIZATION (ANIMALS SERVED, FACILITY VS. FOSTER-BASED, PROGRAMS, CONTRACTS)

Programs (check all):

- ☐ Open-admission shelter ☐ Limited-admission shelter ☐ Foster-based rescue ☐ Animal control / field services ☐ Spay / neuter or vet clinic
☐ Transport (in or out of state) ☐ Behavior / training program ☐ Farm animals or wildlife

Size and volume:

Animals in care (avg.) Adoptions per year Foster homes Volunteers Paid staff Vehicles

2-1 Does the organization hold a contract with a city or county for animal control or sheltering? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the organization host off-site adoption events, fundraisers, or public events? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — BITES, ADOPTIONS & EUTHANASIA

A jury awarded \$5.4 million to a transporter bitten by a shelter dog with a documented bite history she said was not disclosed. A city paid \$41,500 after euthanizing an owned dog before the owner could reclaim it.

3-1 Is every dog given a behavior evaluation, with bite and aggression history recorded? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Is all known bite and behavior history disclosed in writing to adopters, fosters, and transporters? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Does the organization place dogs with known bite histories or dogs declared dangerous? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Do adoption agreements include a release, return policy, and acknowledgment of behavior history? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Are stray hold periods, owner notice, and microchip scans completed before adoption or euthanasia? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Are euthanasia decisions documented and approved under a written policy? ☐ Yes ☐ No

IF YES, EXPLAIN

3-7 Has anyone been bitten by an animal in the organization's care in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — VOLUNTEERS, FOSTERS, HEALTH & TRANSPORT

4-1 Do volunteers and fosters sign waivers and complete training before handling animals? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are minors allowed to volunteer, and are they supervised and kept away from dogs with behavior concerns? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are animals vaccinated on intake and isolated when sick to control parvo, distemper, and ringworm? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are veterinary services provided on site, and are the veterinarians covered by their own malpractice insurance? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are animals transported in organization vehicles or by volunteers driving their own cars? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Do volunteers and fosters who drive carry their own auto insurance, and are records checked? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are field officers or staff involved in seizures, cruelty investigations, or catching loose animals? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF PAID STAFF	VOLUNTEER HOURS PER YEAR
TOTAL ANNUAL REVENUE (\$, ILLUSTRATIVE)	GOVERNMENT CONTRACT REVENUE (\$, ILLUSTRATIVE)	ADOPTION & CLINIC FEES (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT GL CARRIER	CURRENT GL LIMITS	D&O CARRIER / LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this organization in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Does the current policy exclude animal bites, specific breeds, or animals in the organization's care? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1	Is there a written bite-response protocol, including reporting, quarantine, and incident review?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-2	Are animal records, behavior notes, and adoption files kept for at least 7 years?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-3	Does the board review policies on euthanasia, dangerous dogs, and disclosure at least annually?	☐ Yes ☐ No
IF YES, EXPLAIN		

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE