

TENNESSEE UNDERWRITERS INC.
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PET SUPPLEMENTAL APPLICATION
(GROOMING/SITTER/TRAINER)

1. APPLICANT INFORMATION EFFECTIVE DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

PROFESSIONAL LICENSE TYPE AND NUMBER (IF REQUIRED) _____

2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

3. VETERINARIAN ANIMAL GROOMING PET SITTER/WALKER PET TRAINER OTHER _____

4. ESTIMATED ANNUAL PAYROLL \$ _____ ESTIMATED ANNUAL RECEIPTS \$ _____ YEARS IN BUSINESS _____

5. DO YOU OFFER: TRAINING OF ATTACK DOGS ANIMAL OBEDIENCE TRAINING

6. ARE YOU: IN PRIVATE PRACTICE AN EMPLOYEE SUBCONTRACTOR

7. ARE ALL APPLICANTS, PARTNERS AND EMPLOYEES CURRENTLY LICENSED? YES NO

8. PLEASE LIST AND EXPLAIN ANY ACTIONS TAKEN AGAINST YOUR PROFESSIONAL LICENSES IN THE LAST 5 YEARS (I.E. REVOCATION, SUSPENSIONS, FINES, ETC.) _____

9. LIST PROFESSIONAL DEGREES OR ACHIEVEMENTS, MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS _____

10. EXPLAIN ANY WORK DONE WITH THOROUGHBREDS, EXOTIC OR RARE ANIMALS, COMMERCIAL RANCHING OR FARMING _____

11. LIST ADDITIONAL INSUREDS _____

12. APPLICANT SIGNATURE: _____ DATE: _____

13. PRODUCER NAME: _____
ADDRESS: _____