



Markel Insurance Company

P. O. Box 2009, Glen Allen, VA 23058-2009

(800) 431-1270 Fax (804) 527-7966

Email applications to: mscsubmissions@markelcorp.com

Website: markelsocialservice.com

Animal shelter supplement

(To be attached to ACORD applications)

Markel agent number: _____

Business name: _____

Submission or policy number: _____

1. Do you employ humane officers? Yes No

If yes, what training is required for them? _____

2. Do you operate an incinerator or gas chamber on the premises? Yes No

If yes, what controls are in place to prevent fires? _____

3. Have employees/volunteers received proper animal handling training? Yes No

4. Are employees/volunteers instructed on safe handling of aggressive/vicious/diseased or frightened animals?

If yes, describe the procedures: _____ Yes No

5. Do you have a training program for volunteers and clear guidelines establishing their duties? Yes No

6. Are signs posted warning the public to keep hands and fingers out of animal cages? Yes No

7. Are prospective owners assisted when handling animals? Yes No

8. Is the public allowed in the area where animals are kept without a staff member or volunteer? Yes No

9. Are employees/volunteers trained to recognize symptoms of illness in animals? Yes No

10. Are the health and condition of animals evaluated prior to placing them in the general population? Yes No

11. Are dogs kept on leashes at all times when outside of their kennels? Yes No

12. Is the public restricted from isolation areas and euthanasia rooms? Yes No

13. Are all drugs and narcotics kept under lock and key with access restricted? Yes No

14. Do you operate a mobile medical or emergency response vehicle equipped with expensive medical supplies and equipment? Yes No

If yes, how is the vehicle safeguarded? _____

15. Do you provide shelter for larger animals such as horses, cows, etc.? Yes No

16. Are all animals immunized against rabies and distemper? Yes No

17. Do you require the adoptive families to sign waivers holding the shelter harmless for all acts, behavior and conditions of the animal once it has left the shelter? Yes No

If yes, please attach a copy.

18. Is there an employed veterinarian on staff? Yes No

If no, are subcontracted veterinarians used? Yes No

If subcontractors are used, are certificates of professional liability insurance required from them? Yes No

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____