



Pet Industry Federation Insurance Scheme for Pet Walkers, Pet Sitters, Pet Groomers & Pet Boarders

Policyholder	
Registered address	
Contact name and number	
Your business	

Please select the below activity which best describes your business:

Pet walker Pet groomer Pet boarder Pet sitter

If you have selected either pet boarder or pet sitter above, please answer the following:

Do you look after more than three animals at any one time? Yes No

Do you look after animals from more than one household at any one time? Yes No

If the answer to either of the above is yes then please contact us to discuss a more suitable product.

Please select one of the following covers:

	Option 1	Option 2	Option 3	Option 4	Option 5
PL (£5,000,000 limit of indemnity for public and products liability)	✓	✓	✓	✓	✓
Treatment risk		✓	✓	✓	✓
All risks property anywhere in the UK			✓ (Cover up to £1,000)	✓ (Cover up to £2,500)	✓ (Cover up to £5,000)
Money cover			✓ (Cover up to £250)	✓ (Cover up to £250)	✓ (Cover up to £500)
Employers liability				✓ (£10,000,000 cover if you have up to 2 employees)	✓ (£10,000,000 cover if you have up to 5 employees)
Tick your preferred option					

Treatment risk is defined as grooming, shampooing, cutting, clipping, stripping, drying an animal's fur, nail trimming, and ear cleaning.

If you have selected cover option 4 or 5, how many employees do you have?

Do you have any paid employees who earn more than £156 a week or £675 per month? If so please provide your Employer Reference Number (ERN). This is actually the same as your employer PAYE reference. It will start with a number and consists of between 3 and 13 characters.

Yes No ERN

If you require Property Cover in excess of the standard Cover above, please advise below the specific cover you require

Do you operate your business from commercial premises? Yes No

If yes, do you require cover for any of the following?

Buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured
Contents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured
Stock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured
Business interruption	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured
Property (All risks) cover anywhere in the UK	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured
Have you made any claims in the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sum insured

If you answered yes to the above question please provide brief details below:

General Declaration

Have either you or your directors or your partners ever:

- a) Been declared bankrupt or insolvent either as private individuals or in connection with any business?
- b) Been the subject of a county court judgement in respect of debt either as private individuals or in connection with any business?
- c) Been officers of a company that has been declared insolvent, or had a receiver or liquidator appointed, or entered into arrangements with creditors in accordance with the Insolvency Act 1986 or any subsequent legislation?
- d) Been disqualified under the Company Directors Disqualification Act 1986 or any subsequent legislation?
- e) Been convicted of or charged with but not yet tried for a criminal offence other than a motoring offence?
- f) Had an insurance contract cancelled or declared void or a claim repudiated or renewal refused due to breach of a policy condition or due to non-disclosure or misdescription or misrepresentation of a material fact?
- g) Had insurance cover restricted or cancelled or renewal refused due to non-compliance with risk improvement requirements?

Yes No

If you answered yes to the above question please provide brief details below:

Important

Please read the following carefully before you sign and date the declaration.

- ♦ The questions on this form and any other details we specifically request, relate to facts considered material to underwriting this insurance. Please ensure that these are answered fully and honestly as failure to do so may invalidate your insurance. If in response to any of these questions you are in doubt whether a fact is material you should disclose it.
- ♦ You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- ♦ Please confirm you are happy to share your information with us, in line with our privacy policy (<https://www.jelfgroup.com/info/privacy>). Please read this page before signing this form.

Signature (Principal)

Date

▲ Insurance ▲ Risk Management ▲ Employee Benefits

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