



**AWOIP, LLC. – PO Box 933 – Hanover, PA 17331**  
**Phone: 800-673-2558 Fax: 877-512-3808**

**ANIMAL WELFARE ORGANIZATION INSURANCE PROGRAM APPLICATION**

**SECTION 1 – GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_  
DBA (if applicable): \_\_\_\_\_  
Requested Effective Date: \_\_\_\_\_ Do you currently carry insurance for the organization? \_\_\_\_Y \_\_\_\_N  
Do you conduct Operations under any other Name(s)? \_\_\_\_\_ If yes, please list below:  
\_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
Physical Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip)  
Do you have any other Locations? \_\_\_\_y \_\_\_\_N If yes, please provide below.

3. Do you currently have Homeowners Policy in place for any location you want to be scheduled on this policy? \_\_Y \_\_N

4. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax: \_\_\_\_\_ Website: \_\_\_\_\_

6. Business Type: \_\_ Individual \_\_ Partnership \_\_ Corporation \_\_ LLC \_\_ Other: \_\_\_\_\_

7. Entity Type: \_\_\_\_For Profit \_\_\_\_Non-Profit 501C Status: \_\_\_\_\_

8. Federal Employer Identification Number (FEIN): \_\_\_\_\_

