

Professional Insurance Checklist for Dog Walkers

Essential insurance coverage verification and claims preparation checklist for professional pet care providers. Review quarterly and update after any policy changes or incidents.

POLICY INFORMATION SUMMARY

Business Name: _____

Policy Holder: _____

Last Review Date: _____

Next Review Due: _____

Insurance Agent: _____

Agent Phone: _____

Agent Email: _____

PRIMARY INSURANCE COVERAGE

General Liability Insurance

✓ Policy Active: YES / NO

Insurance Company: _____

Policy Number: _____

Coverage Limit: \$ _____

Deductible: \$ _____

Effective Date: _____

Expiration Date: _____

Premium: \$ _____

Payment Schedule: _____

Professional Liability Insurance

✓ Policy Active: YES / NO

Insurance Company: _____

Policy Number: _____

Coverage Limit: \$ _____

Deductible: \$ _____

Effective Date: _____

Expiration Date: _____

Business Personal Property

✓ Policy Active: **YES / NO**

Coverage Limit: \$ _____

Equipment Covered: _____

Deductible: \$ _____

PET CARE SPECIFIC COVERAGE

Care, Custody & Control Coverage

✓ **CRITICAL:** Pets explicitly covered under policy: **YES / NO**

Coverage Limit per Pet: \$ _____

Coverage Limit per Incident: \$ _____

Maximum Annual Limit: \$ _____

Deductible per Incident: \$ _____

Lost Pet Coverage

✓ Lost pets specifically covered: **YES / NO**

Coverage Limit: \$ _____

Search & Recovery Expenses Covered: **YES / NO**

Maximum Search Expense: \$ _____

Professional Recovery Service Coverage: **YES / NO**

Injured Pet Coverage

✓ Veterinary expenses covered: **YES / NO**

Coverage Limit per Pet: \$ _____

Emergency Vet Coverage: **YES / NO**

Pre-existing Condition Exclusions: _____

Pet Death Coverage

✓ Accidental death covered: **YES / NO**

Coverage Limit: \$ _____

Exclusions: _____

ADDITIONAL COVERAGE OPTIONS

Umbrella Policy

✓ Policy Active: **YES / NO**

Additional Coverage: \$ _____

Policy Number: _____

Commercial Auto Insurance

✓ Business vehicle use covered: **YES / NO**

Pet transportation covered: **YES / NO**

Policy Number: _____

Cyber Liability Insurance

✓ Policy Active: **YES / NO**

Client data protection: **YES / NO**

Coverage Limit: \$ _____

Employment Practices Liability

✓ Policy Active: **YES / NO / N/A**

Coverage for team members: **YES / NO**

POLICY EXCLUSIONS TO VERIFY

✓ Animal bites/attacks excluded: **YES / NO**

✓ Specific breed exclusions: _____

✓ Off-leash activity exclusions: **YES / NO**

✓ Property damage exclusions: _____

✓ Business conducted from home excluded: **YES / NO**

✓ Professional advice excluded: **YES / NO**

✓ Sub-contractor work excluded: **YES / NO**

CLAIMS CONTACT INFORMATION

Primary Insurance Claims

Claims Department: _____

Claims Phone: _____

24-Hour Claims Phone: _____

Claims Email: _____

Online Claims Portal: _____

Professional Liability Claims

Claims Department: _____

Claims Phone: _____

Claims Email: _____

Emergency Claims Assistance

After-Hours Phone: _____

Emergency Claim Number: _____

Mobile Claims App: _____

INCIDENT DOCUMENTATION REQUIREMENTS

Required Documentation Checklist

- ✓ Incident report form completed
- ✓ Photos of incident scene
- ✓ Photos of any damages/injuries
- ✓ Witness contact information
- ✓ Police report (if applicable)
- ✓ Veterinary records (if applicable)
- ✓ Client communication records
- ✓ Timeline of events documented
- ✓ Equipment inspection records
- ✓ Weather conditions noted

Documentation Storage

Physical File Location: _____

Digital Backup Location: _____

Cloud Storage: _____

Document Retention Period: _____

CLAIMS PROCESS CHECKLIST

Immediate Actions (Within 24 Hours)

- ✓ Contact insurance company claims department
- ✓ Obtain claim number
- ✓ Complete initial incident report
- ✓ Preserve all evidence
- ✓ Document all communications

- ✓ Notify business attorney (if significant incident)
- ✓ Do NOT admit fault or liability

Follow-Up Actions (Within 48-72 Hours)

- ✓ Submit complete claim documentation
- ✓ Provide additional information as requested
- ✓ Schedule claim adjuster visit if needed
- ✓ Contact legal counsel if claim disputed
- ✓ Update client on claim status

Ongoing Claim Management

- ✓ Respond promptly to all insurer requests
 - ✓ Maintain detailed communication log
 - ✓ Review settlement offers with attorney
 - ✓ Update business protocols based on incident
-

POLICY REVIEW SCHEDULE

Quarterly Review Items

- ✓ Policy premiums current
- ✓ Coverage limits adequate for business growth
- ✓ Client contracts align with insurance requirements
- ✓ Incident reports reviewed for patterns
- ✓ Safety protocols updated

Annual Review Items

- ✓ Compare coverage options and rates
- ✓ Review claims history
- ✓ Assess business expansion insurance needs
- ✓ Update coverage limits for inflation
- ✓ Review deductible amounts vs. premium savings
- ✓ Verify agent/company ratings and stability

Policy Change Triggers

- ✓ Adding new services
- ✓ Expanding service area
- ✓ Hiring employees/contractors

- ✓ Purchasing new equipment
 - ✓ Changing business structure
 - ✓ After any claim or near-miss incident
-

COVERAGE ADEQUACY ASSESSMENT

Minimum Recommended Coverage Limits

General Liability: \$ 1,000,000 per occurrence / \$ 2,000,000 aggregate

Professional Liability: \$ 1,000,000 per claim / \$ 2,000,000 aggregate

Care, Custody & Control: \$ 50,000 - \$ 100,000 per pet

Business Property: Replacement value of all equipment

Current Coverage Assessment

General Liability Adequate: YES / NO / INCREASE NEEDED

Professional Liability Adequate: YES / NO / INCREASE NEEDED

Pet Coverage Adequate: YES / NO / INCREASE NEEDED

Deductibles Manageable: YES / NO / ADJUSTMENT NEEDED

LEGAL & PROFESSIONAL SUPPORT

Attorney Information

Business Attorney: _____

Phone: _____

Email: _____

After-Hours Contact: _____

Specialization: _____

Professional Associations

NAPPS Member: YES / NO

Membership Number: _____

Professional Standards Access: YES / NO

Industry Resources Available: YES / NO

Risk Management Consultant

Consultant: _____

Phone: _____

Last Consultation: _____

Next Review: _____

FINANCIAL PROTECTION PLANNING

Emergency Fund Planning

Recommended Fund Size: 3-6 months operating expenses

Current Fund Amount: \$ _____

Target Fund Amount: \$ _____

Monthly Contribution: \$ _____

Claim Payment Planning

Highest Deductible Amount: \$ _____

Available Liquid Funds: \$ _____

Emergency Credit Available: \$ _____

Payment Plan Options Verified: YES / NO

INCIDENT PREVENTION CHECKLIST

Daily Prevention Practices

- ✓ Equipment inspection before each walk
- ✓ Weather conditions assessed
- ✓ Client special instructions reviewed
- ✓ Emergency supplies carried
- ✓ Professional identification worn

Weekly Prevention Practices

- ✓ Client file updates reviewed
- ✓ Equipment replacement needs assessed
- ✓ Route safety conditions checked
- ✓ Team training refresher (if applicable)

Monthly Prevention Practices

- ✓ Insurance compliance review
- ✓ Safety protocol effectiveness assessed
- ✓ Client feedback analyzed for risk patterns
- ✓ Professional development completed

EMERGENCY QUICK REFERENCE

Insurance Claims Emergency Line: _____

Business Attorney Emergency: _____

Professional Association Support: _____

Risk Management Consultant: _____

Lost Dog Incident Insurance Actions

1. **Secure other pets immediately**
2. **Document incident location and time**
3. **Contact insurance within 24 hours**
4. **Begin professional search efforts**
5. **Maintain detailed expense records**
6. **Photograph all evidence**
7. **Communicate professionally with client**
8. **Do NOT admit fault or liability**

Checklist Completed By: _____

Date: _____

Next Review Date: _____

Action Items Identified: _____

Keep copies in office files, vehicle, and digital backup. Update immediately after any policy changes, claims, or business modifications.