

VETERINARIAN LIABILITY APPLICATION

Name: _____

D/B/A'S: _____

Address: _____ Postal Code: _____

SECTION I – VETERINARIAN COMPREHENSIVE GENERAL LIABILITY

Estimated: Household Pets _____% Farm Animals _____% Other Animals _____% Birds _____%

Business: Race Horses _____% Show Horses _____% Other (explain) _____% Split

1. Indicate area of your premises in square feet: _____
2. If a farm property, indicate total acreage: _____
3. Indicate estimated gross annual receipts: \$ _____
4. Do you own horses? Yes No
If yes, do you wish protection for their use and operation? Yes No
If yes, how many are used for:
a) Racing: _____ b) Breeding: _____
c) Lessons: _____ d) Other: _____ Explain Fully:
Total: _____

5. Do you wish protection for any other operations not declared? Yes No
If yes, attach detailed description of operations.

SECTION II – VETERINARIANS LIABILITY FOR NON OWNED ANIMALS

6. Do you board, or care for animals owned by other? Yes No
If yes, do you wish Legal Liability Protection with respect to damage to or destruction of these animals? Yes No
If yes, estimate how many non-owned animals you can:

	Maximum	Minimum
a) Keep overnight:	_____	_____
b) Board:	_____	_____
Total:	_____	_____

7. Do you transport animals for others? Yes No
If yes, do you wish Legal Liability Protection with respect to damage to or destruction of these animals while being transported?
Yes No
If yes: a) how many trailers do you own/operate? _____
b) combined stall capacity of all trailers: _____
c) estimated annual hauling revenue: \$ _____
d) estimated annual trailering miles: _____
8. Do your clients sign contractual agreements for your services? (attach samples) Yes No

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SECTION III – VETERINARIANS PROFESSIONAL LIABILITY

9. Do you wish protection for your legal liability for injuries caused by an act or omission in the furnishing of professional veterinarian services? Yes No

If yes, indicate:

a) number of licensed veterinarians to be protected? _____

b) names: _____ year licensed: _____ **Attach listings if necessary.**

c) are/do you operate as: i) an individual
ii) a partnership
iii) a corporation

SECTION IV – VOLUNTARY MEDICAL PAYMENTS

10. Payments for medical/surgical/dental/ambulance/hospital expenses resulting from an accident on your premises.

SECTION V – TENANTS FIRE LEGAL LIABILITY

11. If you rent buildings owned by others with respect to your operations, do you wish Legal Liability Protection with respect to fire damage to these rented buildings? Yes No

If yes, estimate:

a) Square footage of Premises occupied: _____

b) Type of premises rented (describe): _____

SECTION VI – CLAIMS HISTORY / PREVIOUS INSURER

12. Are you aware of any claims or suit that may be pending, or has a claim ever been paid or a judgment entered against you, any of your partners or associates for damages, or as a result of malpractice alleged or otherwise? Yes No

If yes, list or attach details:

13. Name of previous insurer and policy number: (new submissions only) _____

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SECTION VII – COVERAGE SUMMARY (CHECK COVERAGES AND LIMITS DESIRED)

		<u>Protection Required?</u>
I. Veterinarian Comprehensive General Liability	\$2,000,000. \$5,000,000.	
II. Medical Payments	\$25,000. per occurrence	<i>Included</i>
III. Veterinarian Liability for Non Owned Animals:		Yes No
If yes, check limit desired:	\$ 5,000. per animal / \$ 25,000. per occurrence \$ 10,000. per animal / \$ 50,000. per occurrence \$ 20,000. per animal / \$ 100,000. per occurrence \$ 50,000. per animal / \$ 100,000. per occurrence \$100,000. per animal / \$ 100,000. per occurrence (refer to underwriters for higher CCC limits if required)	
IV. Veterinarians Professional Liability:		Yes No
If yes, check limit desired:	\$1,000,000. \$2,000,000. \$5,000,000.	
V. Tenants Legal Liability:		Yes No
If yes, check limit desired:	\$ 500,000. \$1,000,000.	

SECTION VIII – DECLARATION BY APPLICANT

I (we) understand that any misstatement on this application shall be considered a violation of coverage afforded by any policy issued on the basis of this application which will form the statement of declarations by the insured in any policy issued.

Signature: _____ Broker: _____
Signed by: _____
Date: _____

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