

VETERINARIAN BOP

PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

Acceptance is subject to underwriter's approval. All questions must be answered. Attach additional sheets for comments and explanations as required.

NOTE: THE COVERAGE YOU ARE APPLYING FOR WILL BE SUBJECT TO YOUR BUSINESS LIABILITY LIMITS OF INSURANCE.

Full name of Applicant: _____

Total number of employees performing veterinarian services (including animal grooming, boarding, breeding or training): _____

Total number of owners/partners: _____

Average number of animals we transport each month: _____

Average number of house calls we make each month/quarter/year: _____

Average number of animals on your premises at any one time: _____

Average value per animal: _____

List those persons in your firm who are registered and licensed to practice as a veterinarian:

NAME	SCHOOL	GRADUATION YEAR	YEARS OF EXPERIENCE

Describe type of animals you generally deal with _____

CHECK ALL THAT ARE TRUE OR PROVIDE ADDITIONAL INFORMATION

YOUR PROCEDURES

- We have an established procedure for inventory, storage, distribution, use and disposal of drugs
- We have an established procedure for the disposal of dead and unclaimed animals
- We have an incinerator on premises that meets Environmental Protection Agency Standards
 - We do not have an incinerator on premises

YOUR PRACTICE

- We do not have a specialization (animal dentistry, dermatology, psychology, etc.)
 - We specialize in: _____
- We do not have boarding facilities
 - Our gross receipts from boarding: _____
- We do not provide grooming services
 - Our gross receipts from grooming: _____

- We do not do animal training**
 - Our gross receipts from animal training:** _____
- We do not sell animals**
 - We acknowledge that the coverage that this insurance provides does not cover animals held for sale. Please discuss this with your agent.**
- We do not have surgical or emergency facilities**
 - We do have surgical or emergency facilities and**
 - We do not allow pet owners in treatment or x-ray areas**
 - We keep records of all surgical procedures, surgery mortalities and autopsies**
 - We have isolation rooms for animals with contagious diseases**
 - We require consent forms prior to surgery to be signed by animal owner**

5 YEAR INSURANCE HISTORY

- We currently have Professional Liability Coverage**
 - No insurer has cancelled or refused to issue Liability Insurance for me or any members of my firm**
- An insurer has cancelled or refused to issue Liability Insurance for us for the following reasons:**
 - We have not had any professional liability claims been made against us or members of your firm**
- We have had professional liability claim(s). Here are the details: (if more than one claim, please attach additional sheets with the information requested below)**

Date claim was made or suit was filed: _____ **Type of animal involved:** _____ **PL Insurer responding to claim:** _____

Claimant or plaintiff: _____

Service performed: _____

Other party(ies), if any, involved: _____

Final disposition of current status- If closed, state amounts paid by the insurer and applicant; if open, indicate amount of reserves: _____

We have taken the following actions to prevent a similar incident: _____

- We are not aware of any act, error or omission taken place that could be a basis for a claim under the proposed insurance coverage**
- We are aware of the following incident, error or omission taken place that could be a basis for a claim under the proposed insurance:**

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS AND INFORMATION ARE TRUE AND THAT I HAVE NOT CONCEALED OR MISREPRESENTED ANY MATERIAL FACT(S) AND I AGREE THAT THIS APPLICATION SHALL BE THE BASIS FOR VETERINARIAN PROFESSIONAL LIABILITY INSURANCE WITH THE COMPANY.

Signature **Title** **Date**