

Equine Insurance Underwriters Ltd.

Suite 106 – 3701 East Hastings Street, Burnaby, B.C. Canada V5C 2H6

Telephone: (604) 293-1531 Fax: (604) 293-1248

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 ()

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) _____

Section VII – Coverage Summary (Check coverages and limits desired)

		<u>Protection Required?</u>
I - Veterinarian Comprehensive General Liability	\$2,000,000.	YES (x)
II- Veterinarian Liability for Non Owned Animals:		YES () NO ()
If yes, check limit desired:	() a) \$ 5,000. per animal / \$ 25,000. per occurrence	
	() b) \$ 10,000. per animal / \$ 50,000. per occurrence	
	() c) \$ 20,000. per animal / \$ 100,000. per occurrence	
	() d) \$ 50,000. per animal / \$ 100,000. per occurrence	
III - Veterinarians Professional Liability:		YES () NO ()
If yes, check limit desired:	() a) \$1,000,000.	
	() b) \$ 2,000,000.	
IV – Medical Payments	\$2,500. per person / \$25,000. per occurrence	YES (x) – included
V – Tenants Legal Liability:		YES () NO ()
If yes, check limit desired:	() a) \$100,000.	
	() b) \$200,000.	
	() c) \$300,000.	

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: _____	Agent: _____
Signed by: _____	_____
Date: _____	_____