

2628 METROTOWER 2, 4720 KINGSWAY, BURNABY, B.C. CANADA V5H 4N2 $\,$

TELEPHONE: (604) 293-1531 FAX: (888) 350-0236

Veterinarian Liability Application

Name:												
D/B/A'S:												
Address:				Postal Code:								
Section I – Veterinarian Compr	ehensive Ge	neral Liability										
Estimated Household Pets	%	Farm Animals	%	Other Animals _			% I	3ird	s			
Business : Race Horses	%	Show Horses	%	Other (explain) _								
% Split												
Indicate area of your premises	s in square fee	et:										
2. If a farm property, indicate total	al acreage:											
3. Indicate estimated gross annu	ual receipts:			\$								
4. Do you own horses?				YE	S ()	NO	()			
If yes, do you wish protection	for their use a	and operation?		YE	S ()	NO	()			
If yes, how many are used for	:											
a) Racing:		c) Lessons:										
b) Breeding:		d) Other:		Explain Fully:								
		Total:										
5. Do you wish protection for any	y other operat	ions not declared?		YE	S ()	NO) ()			
If yes, attach detailed descript	·											
Section II – Veterinarians Liabi 6. Do you board, or care for anir	-			VE	e (`	NO		\			
If yes, do you wish Legal Liab	•		2000	1 = ,	S ()	NC) (,			
to or destruction of these anin	•	i with respect to dan	laye	VE	S (١	NO	. /	1			
		ole vou cen:		1 = 1	5 ()	NC) ()			
If yes, estimate how many nor	Maximum	Ais you cari. Minimum										
a) Keep overnight:	iviaxiiiiuiii	iviii iii iiui ii										
, ,												
b) board:												
Total:												

7. Do you transport animals for others?	YES	() N() C)
If yes, do you wish Legal Liability Protection with respect to damage					
to or destruction of these animals while being transported?	YES	() NO) C)
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	Э ()
Section III – Veterinarians Professional Liability					
9. Do you wish protection for your legal liability for injuries caused by an act	VEC	,	\ N/	. (`
or omission in the furnishing of professional veterinarian services? If yes, indicate:	YES	() N() ()
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 fro	om an accid	dent	on you	ır pre	emises.
Continu V. Tanguta Fina Laval Linkilitu					
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	VEC /	`	NO /	١	
these rented buildings?	YES ()	INO ()	
If yes, estimate:					
a) Square footage of Premises occupied:					
b) Type of premises rented (describe):					
READ CAREFULLY – THIS DECLARATION PAGE FORMS PART	OF YOUR	POL	ICY		

Section VI – Claims History / P	revious 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? If yes, list or attach details:)	NO	()
13. Name of previous insurer an	d policy number: (new submissions only)						
Section VII – Coverage Summa	ary (Check coverages and limits desired)	Prote	ctio	<u>n R</u>	equir	ed?	
I - Veterinarian Comprehensive	General Liability () \$2,000,000. () \$5,000,000.				-		
II – Medical Payments	\$25,000. per occurrence	Includ	ded				
III - Veterinarian Liability for Non If yes, check limit desired:	Owned Animals: () \$ 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)		()	NO	()
IV - Veterinarians Professional L If yes, check limit desired:	iability: () \$1,000,000. () \$2,000,000. () \$5,000,000.	YES	()	NO	()
V – Tenants Legal Liability: If yes, check limit desired:	() \$1,000,000.	YES	`	,		Ì	
Section VIII – Declaration by A I (we) understand that any miss policy issued on the basis of the issued. Signature: Signed by:	tatement on this application shall be considered a viola is application which will form the statement of declarati Broker:	tion of	f co y th	vera	age a	ıffor	ded by any