

Questions? Ready to submit?
 Please contact us at VetPL@safehold.com.



Pennsylvania Veterinarian Professional Liability Insurance Application

This application is intended for use in PENNSYLVANIA only.
 Coverage underwritten by Everest National Insurance Company, 100 Everest Way, Warren, NJ 07059
 (Admitted; AM Best A+ XV)

COVERAGE FOR VETERINARY ENTITIES, GROUPS AND NON-PROFITS (non-individual)

PROPOSED EFFECTIVE DATE:					
Applicant Name: (Attach schedule for multiple named insureds)					
Entity Type	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
FEIN		Date Business Started		State of Incorporation	

Mailing Address				
Street	Suite/Unit	City	State	Zip Code
Website Address:				
Contact Information				
Name		Fax		
Email		Primary Phone		
Secondary Email		Secondary Phone		

Coverage Requested	Coverage Limits			
Professional Liability* <small>*Additional limits may be available by request.</small>	<input type="checkbox"/> \$1,000,000 / \$3,000,000		\$ _____ / \$ _____	
Professional Liability Deductible	None <input type="checkbox"/>	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>
Regulatory Action Defense Coverage	None <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>
Animal Bailee* <small>*Additional limits may be available by request.</small>	None <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$75,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>
Embryo / Semen Coverage	None <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>

This professional liability insurance application is for an occurrence policy. An occurrence policy provides coverage for a claim that occurs during the policy period, regardless of when the claim is reported. This policy does not cover claims, incidents, or loss occurring prior to the effective date of coverage.

Practice Type	
Standard services include anesthesiology, dentistry, dermatology, emergency & critical care, internal medicine, microbiology, nutrition, ophthalmology, pathology, radiology, sports medicine/rehabilitation, surgery, theriogenology	
Small Animal (Class IV) 100% small animal; includes exotic companion mammals; amphibian; avian & reptile pets.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mixed Practice (Class III) 70% or greater small animal (including equine).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Large Animal (Class II) 25% or greater (Bovine Exclusive, Porcine Exclusive, Large Animal Exclusive, Mixed Practice (Predominantly Large Animal), Mixed Practice (General), Equine, Poultry, Ratites).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equine (Class I) 70% or greater equine.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Definitions	
Exclusive means 90% or more of the practitioner's gross practice income is derived from a single species or identified group.	
Predominantly means 70%-89% of the practitioner's gross practice income is derived from a single species or identified group.	
Mixed Practice means 30%-69% of the practitioner's gross practice income is derived from a single species or identified group.	

Rating and Exposure Information				
Enter number of all veterinarians by location and practice type Attach schedule for more than five (5) locations.				
Loc.	Small Animal	Mixed Practice	Large Animal	Equine
1				
2				
3				
4				
5				

No.	Location Information (Attach schedule for more than five (5) locations)				
1	Business Name			State License No.	
	Address	Suite/Unit	City	State	Zip Code
2	Business Name			State License No.	
	Address	Suite/Unit	City	State	Zip Code
3	Business Name			State License No.	
	Address	Suite/Unit	City	State	Zip Code
4	Business Name			State License No.	
	Address	Suite/Unit	City	State	Zip Code
5	Business Name			State License No.	
	Address	Suite/Unit	City	State	Zip Code

Are there any clinics or facilities related to the Applicant, other than stated above or in the schedule?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, list any such clinics or facilities and insurance company.					
Do you provide veterinary specialty services exclusively? (e.g. dentistry, dermatology, oncology, ophthalmology, radiology etc.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please explain:					
Is the applicant a member of any professional organization, or registered with any self-regulating body?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are electronic medical records primarily used for patient information?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you a veterinary telemedicine provider?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you providing mobile or concierge veterinary services?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you offer acupuncture or other holistic veterinary services?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are contract "relief" veterinarians required to provide their own insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If no, please provide details:					
Which staffing best practices are used for hiring a veterinarian? Answer all that apply					
In-person interview	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reference checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
License verification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Board complaints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Criminal background	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Educational history	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Insurance & Professional History			
Prior Insurance Carrier		Coverage Limits	\$
*Please provide details and amounts paid for all "YES" responses.			
In the past 3 years (or earlier, if the claim is still open), have any claims or incidents been alleged or otherwise active against any veterinarians in the applicant's practice group?			Yes <input type="checkbox"/> * No <input type="checkbox"/>
Has any insurance company cancelled or refused to issue professional liability insurance covering the applicant or any of its veterinarians?			Yes <input type="checkbox"/> * No <input type="checkbox"/>
Are you or any member of the applicant aware of any incident, act, error or omission that may result in a claim or disciplinary/regulatory action being brought against you during the last 3 years, which you have not mentioned in the questions above?			Yes <input type="checkbox"/> * No <input type="checkbox"/>

FRAUD STATEMENTS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: APPLICABLE TO AUTO CLAIMS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

New York: APPLICABLE TO HOME CLAIMS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.



Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I hereby declare that the foregoing information is true and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for Veterinary Professional Liability insurance I am applying for, and I understand it is for my own individual protection.

Applicant Signature: _____ Date: _____

Applicant's Name: _____ Title: _____

Agent Signature: _____ Date: _____

Agent's Name: _____ Agent License # _____
Required in the state of Florida