

# Veterinary & Animal Services Business Insurance Application



PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

### PROPOSED EFFECTIVE/EXPIRATION DATES:

From: \_\_\_\_\_ To: \_\_\_\_\_  
12:01 A.M., Standard Time, at the address of the Applicant

Legal Name and DBA/AKA (include all legal entities and associated DBA/AKA):			
Contact Name:		Contact Email:	
Phone:	Fax:	Website:	
Inspection Name:		Inspection Contact Email:	
Audit Contact:		Audit Contact Email:	
Ownership:	Corporation	Partnership	LLC Non-Profit Individual Other
Federal Employer ID Number (FEIN):			Year Started:
Mailing Address:		City:	State: Zip:
Description of your Business and Activities:			
Annual Gross Revenue/Sales:	Total No. of Employees:	Full-Time:	Part-Time:
Practice Type:	Small Animal	Mixed Practice	Equine Large Animal Other
Include three/five-year loss runs and claim details from your insurance company.			

## Insurance History

Coverage	Current Insurance Carrier	Effective Date	Annual Premium
Package/BOP			
Veterinary Professional Liability			
Workers' Compensation			
Excess Liability / Umbrella			
Business Commercial Auto			
New Business / Other (Please describe)			

**Important:** Please provide a copy of your current policy Declaration Page listing the Named Insured, Policy Period, Payroll, Coverages, etc., (typically 1-2 pages per policy) and Claims History/Loss Runs.

## Package Policy (Property and Liability)

General Eligibility Questions		
How many years has the applicant been in business?		
What is the total number of employees?	FT	PT
How many years has the applicant been at the current location?		
Does the applicant have any parent and/or subsidiary companies? If yes, please describe.		
Does the applicant use Independent Contractors? If yes, please describe.		
Does the applicant confirm all Independent Contractors insurance before allowing services?	YES	NO
What services do the Independent Contractors provide? What is the cost for their services?		
What are the annual sales for each location?		

Liability Section						
General Liability:	\$1,000,000 / \$2,000,000	Other				
General Liability Exposure - Veterinary Payroll:					Other Exposure:	
General Liability Exposure - Kennel Count:					Other Exposure:	
Veterinary Professional Liability:	<i>Please complete separate Veterinary Professional Liability Application.</i>					
Pet Services Professional Liability:	\$1,000,000					
Medical Waste Defense Costs Reimbursement:	\$10,000					
Employee Benefits Liability (EBL):	YES	NO	Retro Date:			
Employment Practices Liability (EPL):	YES	NO	Retro Date:			
EPL Limits Available:	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	
EPL Deductible:	\$500	\$1,000	\$5,000	\$10,000	\$25,000	
Hired and Non-Owned Auto Liability:	YES	NO				

### Additional Interests (AI - Additional Insured, LP - Loss Payee, M = Mortgagee)

Name	Address	City	State	Zip	Relationship

Real and Personal Property Section						
Please complete the schedule below. Be sure to show a breakout of the building and contents values at each location.						
Please indicate if Blanket Coverage is desired.				Building Only		
Indicate desired Property Deductible				Contents Only		
\$500	\$1,000	\$2,500	\$5,000	\$10,000	Both	
Do you currently have a wind/hail deductible?				YES	NO	
If yes, what amount or percentage?						
Are all buildings at each location listed for coverage?				YES	NO	
Are you seeking Earthquake Coverage*?				YES	NO	
Are you seeking Flood Coverage*?				YES	NO	
Do you carry NFIP coverage at any location?				YES	NO	
*Earthquake coverage (if eligible) is provided for BPP and BI (CP 00 30) subject to a \$1,000,000 Policy Aggregate.						
*Flood coverage (if eligible) is provided for BPP and BI (CP 00 30) subject to a \$1,000,000 Policy Aggregate.						
Are you seeking Animal Bailee Coverage?				YES	NO	Limit*:
Are you seeking Kennel Cough Coverage*?				YES	NO	\$50,000 bailee limit standard

**REAL AND PERSONAL PROPERTY (CONTINUED)**

**Type 1-Frame** - Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.

**Type 2-Joisted Masonry** - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

**Type 3-Non-Combustible** - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials.

**Type 4-Masonry Non-Combustible** - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.

**Type 5-Modified Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.

**Type 6-Fire Resistive** - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

**For additional locations please complete and attach a separate Property Supplement.**

Loc No.:		Address:			
Building Limit:			Personal Property Limit:		
Business Income:			Occupancy Type:		
Construction:		Type 1-Frame	Type 2-Joisted Masonry	Type 3-Non-Combustible	
		Type 4-Masonry NC	Type 5-Modified Fire	Type 6-Fire Resistive	
No. of Stories:		Building Sq. Ft.:		Sq. Ft. Occupied:	
Updates/Inspection:		Roof:		Plumbing:	
				Wiring:	
Own/Lease:		Own		Lease	
				Solar Panels: Yes No	
Building Protection: Check all that apply.				# Panels:	
Burglar Alarm		Cameras		Central Station Alarm	
Heat Detection		Motion Detection		Security Guard/Service	
				Fire Extinguishers	
				Sprinklers	
Loc No.:		Address:			
Building Limit:			Personal Property Limit:		
Business Income:			Occupancy Type:		
Construction:		Type 1-Frame	Type 2-Joisted Masonry	<input type="checkbox"/> Type 3-Non-Combustible	
		Type 4-Masonry NC	Type 5-Modified Fire	Type 6-Fire Resistive	
No. of Stories:		Building Sq. Ft.:		Sq. Ft. Occupied:	
Updates/Inspection:		Roof:		Plumbing:	
				Wiring:	
Own/Lease:		Own		Lease	
				Solar Panels: Yes No	
Building Protection: Check all that apply.				# Panels:	
Burglar Alarm		<input type="checkbox"/> Cameras		Central Station Alarm	
Heat Detection		<input type="checkbox"/> Motion Detection		Security Guard/Service	
				Fire Extinguishers	
				Sprinklers	
Loc No.:		Address:			
Building Limit:			Personal Property Limit:		
Business Income:			Occupancy Type:		
Construction:		Type 1-Frame	Type 2-Joisted Masonry	Type 3-Non-Combustible	
		Type 4-Masonry NC	Type 5-Modified Fire	Type 6-Fire Resistive	
No. of Stories:		Building Sq. Ft.:		Sq. Ft. Occupied:	
Updates/Inspection:		Roof:		Plumbing:	
				Wiring:	
Own/Lease:		Own		Lease	
				Solar Panels: Yes No	
Building Protection: Check all that apply.				# Panels:	
Burglar Alarm		<input type="checkbox"/> Cameras		Central Station Alarm	
Heat Detection		<input type="checkbox"/> Motion Detection		Security Guard/Service	
				Fire Extinguishers	
				Sprinklers	
Loc No.:		Address:			
Building Limit:			Personal Property Limit:		
Business Income:			Occupancy Type:		
Construction:		Type 1-Frame	Type 2-Joisted Masonry	Type 3-Non-Combustible	
		Type 4-Masonry NC	Type 5-Modified Fire	Type 6-Fire Resistive	
No. of Stories:		Building Sq. Ft.:		Sq. Ft. Occupied:	
Updates/Inspection:		Roof:		Plumbing:	
				Wiring:	
Own/Lease:		Own		Lease	
				Solar Panels: Yes No	
Building Protection: Check all that apply.				# Panels:	
Burglar Alarm		<input type="checkbox"/> Cameras		Central Station Alarm	
Heat Detection		<input type="checkbox"/> Motion Detection		Security Guard/Service	
				Fire Extinguishers	
				Sprinklers	

**Business Auto**

Are all owned autos listed to your policy?	YES	NO
Are all vehicles title in the name of the business?	YES	NO
Are all vehicles garaged at your primary address?	YES	NO
Have all drivers been reported for eligibility review?	YES	NO
Do you have a written employee handbook to include distracted driving policy?	YES	NO

**Auto Schedule**

Year	Make	Model	VIN	Cost New	State	Vehicle Use	Coll. Ded	Comp Ded

**Driver Schedule**

Loc/State	Last Name	First Name	DL #	Birthdate	Driving Duties

**Auto Coverage**

**Limits / Deductibles**

**Symbols**

**Notes**

Liability			
Medical Payment			
PIP			
Uninsured Motorist			
Hired / Borrowed Liability			
Non-Owned Liability			
Hired Physical Damage			
Towing			
Comp / OTC			
Collision			
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASS. AUTOS ONLY (4) OWNED AUTOS OTHER THAN PPT (5) OWNED AUTOS SUBJECT TO NO-FAULT	(6) OWNED AUTOS/COMPULSORY UNINS MOT. LAW (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY	

**Workers' Compensation Insurance**

Part 1 - WORKERS' COMPENSATION:	Part 2 - EMPLOYER'S LIABILITY: \$ 1,000,000 Each Accident \$ 1,000,000 Disease - Policy Limit \$ 1,000,000 Disease - Each Employee
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Part 3 - STATES:

Employee Classifications:	Estimated Annual Payroll:	No. of Full-time/Part-Time Employees:
8831-Veterinary-Kennels-Boarding-Groomers		
8810-Clerical Office Employees		
8742-Salesperson		
8017-Retail Store		
Other - describe		
Other - describe		

INDIVIDUALS INCLUDED/EXCLUDED FROM WORKERS' COMPENSATION COVERAGE:

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)

EXCLUSIONS MUST MEET ALL APPLICABLE STATE REQUIREMENTS.

Incl./Excl.	Full Name	Birthdate	Title	Ownership %	Class Code	Payroll	Duties

**Umbrella/Excess Liability Insurance:**

Request Coverage?	YES	NO
Limit Requested:	\$1,000,000	
	\$2,000,000	
	\$3,000,000	
	\$4,000,000	
	\$5,000,000	

**Additional Insurance Products:**

Request Coverage?	YES	NO
Coverage / Description:	Limit:	
Coverage / Description:	Limit:	
Coverage / Description:	Limit:	

# STATE FRAUD WARNINGS

The content below contains the fraud warnings provided by each state that requires one. The warnings are not written by Safehold Special Risk and are only provided for your information.

**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.

The fraud warnings listed below are applicable in the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, UT, VA, WA, and WV. Please review the appropriate fraud warning relevant to the state that you reside in prior to submitting your claim.

**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:** For your protection, California law requires the following to appear on this form: 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.

**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 who 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.

# STATE FRAUD WARNINGS

**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:**

**General fraud warning** — Any person 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 insurance 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.

**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.

**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.

## **New York:**

**Commercial 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:**

**General fraud warning** — 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.

**Motor vehicle insurance fraud warning** — Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**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.

# STATE FRAUD WARNINGS

**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 (Workers Compensation claims only):** 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.

**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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

License #: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_