

# 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 AN INDIVIDUAL VETERINARIAN**

PROPOSED EFFECTIVE DATE:				
Applicant Name:				
Mailing Address				
Street:		City	State	Zip Code
Website Address:				
Contact Information		T	Ţ	
Name		Fax		
Email		Primary P		
Secondary Email		Secondary	/ Phone	
Employed By (if applicable) Employer's Address		City	State	Zip Code
Employer's Address	er's Address		State	Zip Code
Coverage Requested		Coverage	Limits	
Professional Liability* *Additional limits may be available by request.	\$1,000,000 / \$3,000,000		\$	/
Professional Liability Deductible	None 🗌	\$500	\$1,000	\$5,000
Regulatory Action Defense Coverage	None	\$25,000	\$50,000	\$100,000
Animal Bailee* *Additional limits may be available by request.	None 🗌	\$50,000	\$75,000	\$100,000

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.

None

\$10,000

\$20,000

Embryo / Semen Coverage

\$50,000

Veterinary License Number	State(s) Licen	sed					
Is the name on the license the same as applicant above?			Yes 🗌	No 🗌			
If no, please explain:							
Do you provide veterinary specialty services exc dermatology, oncology, ophthalmology, radiology etc.)	Yes	No 🗌					
If yes, please explain:							
			Yes 🗌				
Are you a self-employed relief veterinarian?				No 🔃			
Are you a veterinary telemedicine provider?			Yes	No 🔃			
Are you providing mobile or concierge veterinary services?			Yes	No 🔛			
Do you offer acupuncture or other holistic veterinary services?				No			
Practice <sup>1</sup>	Гуре						
Standard services include anesthesiology, dentistry, derma	atology, emergency 8	& critical care, into	ernal medi	cine,			
microbiology, nutrition, ophthalmology, pathology, radiology,	, sports medicine/reh	nabilitation, surge		genology			
Small Animal (Class IV)			Yes	No			
100% small animal; includes exotic companion mammals	; amphibian; avian	& reptile pets.					
Mixed Practice (Class III)			Yes	No			
70% or greater small animal (including equine).	٠, ٦	No 🗌					
Large Animal (Class II)							
25% or greater (Bovine Exclusive, Porcine Exclusive, Larg							
Practice (Predominantly Large Animal), Mixed Practice (General), Equine, Poultry, Ratites).							
Equine (Class I)			Yes	No			
70% or greater equine.							
Definitions							
<b>Exclusive</b> means 90% or more of the practitioner's gross practice income is derived from a single species or identified group.							
<b>Predominantly</b> 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.							
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  Yes ** No **							
alleged or otherwise active against any veterinarians in the applicant's practice group?							
Has any insurance company cancelled or refused to issue professional liability insurance  Yes   * No     covering the applicant or any of its veterinarians?							
Are you or any member of the applicant aware of any incident, act, error or omission that was a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident, act, error or omission that a large of any incident and a large of any incident a large of a large o							
		you during the					
last 3 years, which you have not mentioned in the questions above?							

## FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

#### **GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

### **APPLICABLE IN 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.

#### **APPLICABLE IN 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)\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*\*. \*Applies in NY and PA only. \*\*Applies in NY Only.

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:
Print Name:	Title:
Agent Signature:	Date:
Agent Print Name:	Title:
Agent License #  Required in the state of Florida	