

Veterinary & Animal Services Renewal Summary Application



RENEWAL 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:	
Mailing Address		City	State Zip
Do you use Independent Contractors and confirm their coverages? Please describe exposures/services and costs. Yes No			
Annual Gross Revenue/Sales:		Total No. of Employees:	Full-Time: Part-Time:

Package Policy (Property and Liability)

Liability Section					
General Liability:		\$1,000,000 / \$2,000,000		\$2,000,000 / \$4,000,000	
99851 Class Exposure - Veterinary Payroll (Expiring):			Renewal Veterinary Payroll:		
45450 Class Exposure - Kennel Count (Expiring):			Renewal Kennel Count:		
Other Exposure (Expiring):			Renewal - Other Exposure:		
Other Exposure (Expiring):			Renewal - Other Exposure:		
Pet Services Professional Liability: YES NO					
Medical Waste Defense Costs Reimbursement: YES NO					
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 applies. Building Contents Business Income

Property Deductible:		Do you currently have a wind/hail deductible? YES NO		Percentage:
Are all buildings at each location listed for coverage?		YES NO		Limit*:
Do you carry Flood (NFIP) coverage at any location?		YES NO		
Are you seeking Animal Bailee Coverage?		YES NO		
Are you seeking Kennel Cough Coverage*?		YES NO		\$50,000 bailee limit standard

Loc No.:	Address:			
Expiring Building Limit:	Renewal Building Limit:			
Expiring Pers Property Limit:	Renewal Pers Property Limit:			
Has BPP - Earthquake:	YES NO	Has BPP - Flood:	YES NO	
Expiring Business Income:	Renewal Business Income:			
Loc No.:	Address:			
Expiring Building Limit:	Renewal Building Limit:			
Expiring Pers Property Limit:	Renewal Pers Property Limit:			
Has BPP - Earthquake:	YES NO	Has BPP - Flood:	YES NO	
Expiring Business Income:	Renewal Business Income:			
Loc No.:	Address:			
Expiring Building Limit:	Renewal Building Limit:			
Expiring Pers Property Limit:	Renewal Pers Property Limit:			
Has BPP - Earthquake:	YES NO	Has BPP - Flood:	YES NO	
Expiring Business Income:	Renewal Business Income:			

Veterinary Professional Liability

Liability Limits:	\$1,000,000 / \$3,000,000	DVM Count FT:	
License Defense:	YES NO	Limit:	DVM Count PT:
Animal Bailee:	YES NO	Limit:	# of Locs:
Embryo/Semen:	YES NO	Limit:	# of Locs:

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	Comp	Collision	Deductible

Driver Schedule

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

Workers' Compensation Insurance

Part 1 - WORKERS' COMPENSATION		
Part 2 - EMPLOYER'S LIABILITY	\$ 1,000,000 Each Accident / Policy Limit / Each Employee	
Part 3 - STATES		
Employee Classifications:	Expiring Annual Payroll:	Renewal Annual Payroll:
8831-Veterinary-Kennels-Boarding-Groomers		
8810-Clerical Office Employees		
8742-Salesperson		
8017-Retail Store		
Other - describe		
Other - describe		

Officer Exclusions

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

Umbrella/Excess Liability Insurance:

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

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: _____ Applicant's Signature: _____
Applicant's Title: _____ Date: _____
Applicant's Email: _____ Phone: _____