



- o DEERFIELD INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

If you obtained this application at www.markelshand.com, please submit this application through your local insurance professional.

APPLICATION FOR VETERINARY SERVICES PROFESSIONAL LIABILITY INSURANCE

NOTICE: The policy for which application is made provides coverage on a "CLAIMS MADE" basis. Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

I. GENERAL INFORMATION

1. (a) Full name of Applicant: _____
 - (b) Principal practice address: _____

(Street)
(County)

(City)
(State)
(Zip)
 - (d) (i) Phone: _____ (ii) Fax: _____
 (iii) E-Mail Address: _____ (iv) Website Address: _____
 - (e) Date Established: _____
 Attached a proforma business plan if the Applicant is newly established.
 - (f) Date of birth (if Applicant is an individual): _____
 - (g) (i) State License No.: _____ (ii) Federal DEA License No. and status: _____
2. Name of employer if the Applicant is employed or contracted: _____

II. EDUCATION AND TRAINING (To be completed by the if Applicant is an Individual)

1. Provide the following information:

| Name of Institution | Address | Years of Training | Degree/ Certification |
|---------------------|---------|---------------------|--------------------------|
| _____ | _____ | From _____ To _____ | _____ |
| _____ | _____ | From _____ To _____ | _____ |
| _____ | _____ | From _____ To _____ | _____ |
2. Where has the Applicant practiced his/her profession during the last ten years?

| | |
|----------|---------------------|
| In _____ | From _____ To _____ |
| In _____ | From _____ To _____ |
| In _____ | From _____ To _____ |
3. Has the Applicant ever failed any professional licensing or specialty organization exam? [] Yes [] No
 If Yes, attach an explanation including the date(s) and location(s).

III. OPERATIONS

1. Provide the Applicant's professional specialty: _____
2. Are there any clinics or facilities related to the Applicant other than stated in Section I.1. above? [] Yes [] No
 If Yes, list it any such clinics or facilities. _____
3. Does the Applicant's operations include:
 - (a) Retail sales? [] Yes [] No
 If Yes, provide details. _____
 - (b) A blood donor program? [] Yes [] No
 If Yes, provide details. _____

4. Is the Applicant:
- (a) Accredited by the AVMA or AAHA? [] Yes [] No
- (b) A member of any professional organization, or registered with any self-regulating body? [] Yes [] No
5. Applicant's Annual Gross Revenues:
- | | <u>Last Twelve Months</u> | <u>Next Twelve Months</u> |
|-------------------------------|---------------------------|---------------------------|
| General Veterinarian Services | \$ _____ | \$ _____ |
| Breeding | \$ _____ | \$ _____ |
| Grooming | \$ _____ | \$ _____ |
| Prescription Sales | \$ _____ | \$ _____ |
| TOTAL GROSS REVENUES | \$ _____ | \$ _____ |
6. Number of Annual Animal Visits:
- | | <u>Last Twelve Months</u> | <u>Next Twelve Months</u> |
|------------------------|---------------------------|---------------------------|
| Clinic | _____ | _____ |
| Laboratory | _____ | _____ |
| Other (describe) _____ | _____ | _____ |
7. Does the Applicant have a training school? [] Yes [] No
If Yes, answer the following:
- (a) Maximum number of students per session: _____
- (b) Number of sessions per year: _____
- (c) Percentage of time involved in clinical setting: _____ %
- (d) Number of faculty: _____
- (e) Qualifications of faculty (DVM, etc): _____
8. (a) Describe what animal records are kept. _____
(b) Where and how are animal records kept? _____
(c) How long are animal records kept? _____
9. Are all:
- (a) Prescriptions dispensed with current written instructions? [] Yes [] No
- (b) Drugs and narcotics kept under lock and key? [] Yes [] No
10. Is the Applicant in compliance with federal and state drug laws? [] Yes [] No
11. Does the Applicant post signs requiring owners to leash or carry pets or keep them in pet carriers while they are in waiting room? [] Yes [] No
12. Does the Applicant have an emergency evacuation plan? [] Yes [] No
13. How are:
- (a) Drug wastes disposed? _____
- (b) Animal remains disposed? _____

IV. PROFESSIONAL SERVICES

1. (a) Percentage breakdown of professional services provided:
- | | | | |
|---------------|---------|-----------------------|-------------|
| Birds/Poultry | _____ % | Greyhounds | _____ % |
| Bloodstock | _____ % | Grooming | _____ % |
| Boarding | _____ % | Livestock | _____ % |
| Breeding | _____ % | Research/Experimental | _____ % |
| Domestic Pets | _____ % | Thoroughbreds | _____ % |
| Equine | _____ % | Other (describe) | _____ % |
| | | TOTAL | 100% |
- (b) Estimated highest value animal treated during the last twelve months: \$ _____
- (c) Average value of animals treated during the last twelve months: \$ _____
2. Does the Applicant board animals? [] Yes [] No
If Yes, provide full details of staffing and emergency response. _____
3. (a) Estimated number of animals examined annually: _____
(b) Maximum number of animals: _____

7. List prior Professional Liability Insurance for each of the last five (5) years, including the current year:

If None, check here. []

| Ins Company | Limits of Liability | Premium | Eff./Exp. Dates | Claims Made or Occurrence Form | Retroactive Date |
|-------------|---------------------|---------|-----------------|--------------------------------|------------------|
| | | | | | |
| | | | | | |
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| | | | | | |

8. List prior General Liability Insurance for each of the last five (5) years, including the current year:

| Ins Company | Limits of Liability | Premium | Eff./Exp. Dates | Claims Made or Occurrence Form | Retroactive Date |
|-------------|---------------------|---------|-----------------|--------------------------------|------------------|
| | | | | | |
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VI. GENERAL LIABILITY (To be completed by the Applicant if applying for General Liability)

1. Complete the following for each of the Applicant's facilities:

| Location Number | Name of Facility | Address | Description of Facility | Does the Applicant Maintain a Garage? (Yes/No) | Is There an Adjacent Exposure? (Yes/No) |
|-----------------|------------------|---------|-------------------------|--|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

2. Complete the following for each of the Applicant's locations:

| | Location 1 | Location 2 | Location 3 | Location 4 |
|---|------------|------------|------------|------------|
| Square Footage* | | | | |
| Year Built | | | | |
| Year Remodeled | | | | |
| Number of Stories | | | | |
| Type of Construction (frame, brick, concrete) | | | | |
| Percentage of Building Occupied by Applicant | | | | |
| Other occupants? (Yes/No) | | | | |

*Include square footage of parking facilities if owned or rented by the Applicant.

2. Are all of the Applicant's locations equipped with:

- (a) Complete Sprinkler System? [] Yes [] No
- (b) At least two clearly marked exits on each floor? [] Yes [] No
- (c) Self-closing fire doors on each floor? [] Yes [] No
- (d) Automatic fire alarm system connected to a local fire department? [] Yes [] No
- (e) Smoke detectors? [] Yes [] No
- (f) Emergency electrical system? [] Yes [] No

- (g) Heat sensors? [] Yes [] No
- (h) Fire escape(s)? [] Yes [] No
- (i) Posted emergency evacuation procedures? [] Yes [] No
- (j) Properly maintained fire extinguishers? [] Yes [] No

If any of the above are answered No, provide details by attachment.

- 3. Does the Applicant have a written safety program in place? [] Yes [] No
If Yes, attach a copy of the written safety program.
- 4. Does the Applicant have written procedures for incident reporting? [] Yes [] No
- 5. Do any of the Applicant's locations have any:
 - (a) Exposure to flammables, explosive, chemicals? [] Yes [] No
 - (b) Catastrophe exposure? [] Yes [] No
 - (c) Exposure to radioactive materials? [] Yes [] No
- 6. Do any of the Applicant's operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? [] Yes [] No
- 7. Does the Applicant:
 - (a) Loan or rent machinery or equipment to others? [] Yes [] No
 - (b) Own any elevators or escalators? [] Yes [] No
 - (c) Own or rent any parking facility? [] Yes [] No
 - (d) Provide any recreational facility? [] Yes [] No
 - (e) Have a swimming pool on the premises? [] Yes [] No
 - (f) Sponsor any sporting or social events? [] Yes [] No

- 8. Has any claim for General Liability ever been made against any person(s) or entity(ies) proposed for this insurance?
.....

If Yes, answer the following:

Provide three year loss history for claims under \$100,000 Loss and Expense and ten years for claims \$100,000 and greater. Attach further sheets if needed.

| Date of Occurrence | Date Claim Made | Description of Loss | Amount of Loss Reserved and Paid | Amount of Expenses Reserved and Paid | Open (O) or Closed (C) |
|--------------------|-----------------|---------------------|----------------------------------|--------------------------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

- 9. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which may result in a General Liability claim, such that would fall under the proposed insurance? [] Yes [] No
If Yes, provide details for each incident. _____

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the Optional Extension Period option is exercised in accordance with the terms of the policy.

The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such

attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I warrant to the Company, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Must be signed by the Applicant within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date

Notice to Applicants: 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 the person to criminal and civil penalties.

ADDITIONAL EXPLANATIONS

