

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:			Email:		
Phone:		Alt. Phone:		Website:	
Ownership: <input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC	
<input type="checkbox"/> Individual		<input type="checkbox"/> Non-Profit		<input type="checkbox"/> Other	
Federal Employer ID Number (FEIN):				Year Started:	
Mailing Address			City		State
Description of your Business and Activities:					
Annual Gross Revenue/Sales:			Total No. of Employees:		Full-Time Part-Time
Practice Type: <input type="checkbox"/> Small Animal		<input type="checkbox"/> Mixed Practice		<input type="checkbox"/> Equine	
<input type="checkbox"/> Large Animal		<input type="checkbox"/> Other			
Include three/five-year loss runs and claim details from your insurance company.					

Insurance History

Coverage	Current Insurance Carrier	Eff. Date	Annual Premium
Package/BOP			
Workers' Compensation			
Excess/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)

Coverage Requested	Coverage Limits				
General Liability	\$1,000,000 / \$2,000,000 <input type="checkbox"/>		\$2,000,000 / \$4,000,000 <input type="checkbox"/>		
Veterinary Professional Liability*	<i>*Please complete separate VPL application.</i>				
Pet Services Professional Liability* <i>*Pet care, boarding & grooming – non-veterinary</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$1,000,000 <input type="checkbox"/>		
Medical Waste Defense Costs Reimbursement	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$10,000 <input type="checkbox"/>		
Employee Benefits Liability (EBL)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Retro Date (if applicable)		
Employment Practices Liability (EPL)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Retro Date (if applicable)		
Limits Available:	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$75,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>
Deductible:	\$ 500 <input type="checkbox"/>	\$ 1,000 <input type="checkbox"/>	\$ 5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$ 25,000 <input type="checkbox"/>
No. of Employees:	Full-Time Employees		Part-Time Employees		
Hired and Non-Owned Auto Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/> (not applicable if quoting a separate auto policy)				
Animal Bailee Coverage: (Animals in Your Care)	None <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	<input type="checkbox"/> Other (\$50k increments)	
Kennel Cough Coverage:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you had any kennel cough or related-type claims in the last 5 years?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you require Bordetella vaccination prior to hospitalization/boarding?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Earthquake Coverage: Yes <input type="checkbox"/> No <input type="checkbox"/> (Availability limited to BPP/BI and by eligible location/zone/deductible)					
Flood Coverage: Yes <input type="checkbox"/> No <input type="checkbox"/> (Availability limited to BPP/BI and by eligible location/zone/deductible)					
Property Deductible:	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/> Other <input type="checkbox"/>

Schedule of Hazards

Loc. No.	Classification/Description* <i>*Veterinary, Retail, Storage, Lessor Risk (examples)</i>	Class Code	Exposure	Exposure Basis: (Gross Sales, Payroll, Square Footage, Total Cost, Other)
1				
2				
3				
4				
5				

Schedule of Locations

Loc. No.	Full Address (Street, City, State, Zip)	Owner / Tenant / Mgmt. Co (Lessor Risk):
1		
2		
3		
4		
5		

Location COPE Information

Loc. No.	1	2	3	4	5
Building Value (replacement cost)	\$	\$	\$	\$	\$
Business Personal Property (all contents, improvements and betterments; include medical equipment not permanently attached to the building)	\$	\$	\$	\$	\$
Construction Type (Frame, Joisted Masonry {includes brick/concrete}, Metal, Other)					
Square Footage					
No. of Stories					
Building updates (list years)					
Original Year Built					
Triple Net Lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roof Tank on Building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roof Type (asphalt, metal, shingle, etc.)					
Solar Panels or Skylights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Loc. No.	6	7	8	9	10
Building Value (replacement cost)	\$	\$	\$	\$	\$
Business Personal Property (all contents, improvements and betterments; include medical equipment not permanently attached to the building)	\$	\$	\$	\$	\$
Construction Type (Frame, Joisted Masonry {includes brick/concrete}, Metal, Other)					
Square Footage					
No. of Stories					
Building updates (list years)					
Original Year Built					
Triple Net Lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roof Tank on Building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roof Type (asphalt, metal, shingle, etc.)					
Solar Panels or Skylights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Business Auto

Coverages	Limits / Deductibles	Symbols	
Liability (CSL)	\$		
Medical Payments	\$		
PIP	\$		
Additional PIP	\$		
Uninsured Motorist / UIM	\$		
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 SUBJECT TO COMPULSORY UNINSURED MOT. LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY

DRIVER INFORMATION	Must be completed for all drivers. If additional space is needed, attach separate list.					
Driver's Full Name (Last, First)	Driver's License #	Date of Birth	Date of Hire	# Years Driving Similar Equipment	# Violations Past 3 Years	# Accidents Past 3 Years

SCHEDULE OF AUTOS				If additional space is needed, attach a separate list.					
Year	Make	Model	Body Type*	VIN #	GVW or GCW**	Radius	Stated Value***	State/Zip Registered	State/Zip Garaged

*Body Type examples = PPT (private passenger car/SUV), RV, Truck, Tractor, Semi-Trailer, or Service Trailer

**GVW is Gross Vehicle Weight and GCW is Gross Combined Weight.

***Stated value should include all permanently installed equipped (to include any vet mobile pac/modification).

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	
Employee Classifications:	Estimated Annual Payroll:	No. of Full-time Employees	No. of 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.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE	OWNERS HIP %	DUTIES	INC/ EXCL	CLASS CODE	PAYROLL

Umbrella/Excess Liability Insurance:

Request Coverage: Yes No

Limit Requested: \$1M \$2M \$3M \$4M \$5M Other

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.

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.

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 (please print):

Applicant's Signature:

Date (mm/dd/yyyy):



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Producer's Name: Brent Allen

Producer's Signature:

Producer's License # (required for FLORIDA): D018400

Date (mm/dd/yyyy):