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

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:

	Last Twelve Months	Next Twelve Months
General Veterinarian Services	$_____	$_____
Breeding	$_____	$_____
Grooming	$_____	$_____
Prescription Sales	$_____	$_____
TOTAL GROSS REVENUES	$_____	$_____

6. Number of Annual Animal Visits:

	Last Twelve Months	Next Twelve Months
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:
      (i) Examined annually: _____
      (ii) At one location (i.e. horses or farm animals):_____

4. Does the Applicant administer artificial insemination? ..... [ ] Yes [ ] No
   If Yes, to what type of animals? _____

5. Is the Applicant responsible for identifying contagious diseases in your locality and/or for recommending remedial action? ..... [ ] Yes [ ] No
   If Yes, provide details._____

V. STAFF

1. (a) Indicate the number of professional employees for each of the following:
   (If none, check here [ ])

   ___ Faculty ___ Technician(specify type) _____

   ___ Graduate Students/Residents ___ Veterinarians

   ___ Staff members ___ Other (describe) _____

   (b) Are all of the above individuals licensed in accordance with applicable state and federal regulations? ..... [ ] Yes [ ] No
   If No, provide a detailed explanation on a separate page.

2. Does the Applicant require all contracted staff (if any) to carry their own Professional Liability Insurance? ..... [ ] Yes [ ] No
   If Yes,
   (a) Are Certificates of Insurance required as evidence of such coverage? ..... [ ] Yes [ ] No
   (b) What limits of liability are required?_____

V. CLAIMS AND HISTORY

1. Has the Applicant or any of its employees ever:

   (a) Been the subject of disciplinary or investigatory proceedings or reprimand by a licensing, administrative or governmental agency or hospital or professional association? ..... [ ] Yes [ ] No
   (b) Been convicted for an act committed in violation of any law or ordinance other than traffic offenses? ..... [ ] Yes [ ] No
   If Yes, attach a copy of disciplinary agency documents.
   (c) Ever been treated for alcoholism or drug addiction? ..... [ ] Yes [ ] No

2. Has the Applicant or any person proposed for this insurance had any professional license refused, suspended, revoked, renewal refused or accepted only on special terms or has the Applicant or any of its employees voluntarily surrendered any professional license? ..... [ ] Yes [ ] No

3. Has any claim or suit for malpractice ever been made against the Applicant or any person proposed for this insurance? ..... [ ] Yes [ ] No
   If Yes, how many? _____ Attach a copy of a current loss summary from the Applicant's present and prior insurers or complete a copy of our Supplemental Claim form for each one.

4. Has any claim or suit for malpractice ever been made against the Applicant or any person proposed for this insurance that has not been reported to the Applicant's current or prior insurer? ..... [ ] Yes [ ] No
   If Yes, explain._____

5. Is the Applicant or any person proposed for this insurance aware of any act, error, omission, fact, circumstance, or records request from any attorney which may result in a malpractice claim or suit?.. [ ] Yes [ ] No
   If Yes, how many? _____ Complete a copy of our Supplemental Claim form for each one.

6. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five years? ..... Yes [ ] No [ ]
   If Yes, attach a copy of such insurer's notice.

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

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

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

BROKER RISK SUMMARY
(Medical Malpractice and Specified Medical)

ACCOUNT NAME:

Address
City, State, Zip
States of Licensure
New or Renewal for us

DESCRIPTION OF SERVICES:
(Include management experience & staffing)

CURRENT INSURANCE PROGRAM:

Name of Carrier:_____

Limits:_____ Deductible:_____ Premium:_____

Expiration Date: _____ Retro Date: _____

LOSS EXPERIENCE:
(7-10 years currently valued loss information)

RISK MANAGEMENT/QUALITY ASSURANCE PROGRAM:
(Including Credentialing/hiring protocols)

DATE QUOTE NEEDED: