

Intact Insurance Company

Application for Veterinarian's Professional Liability Insurance



All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant: _____

Postal Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

Location of Operations: _____

2. Applicant is an Individual Partnership Corporation Employee
 Other (give details) _____

3. How long has applicant been engaged in his/her current occupation or business? _____
Has applicant operated under a different corporate name in the past? Yes No
If yes, give details: _____

4. State approximate division of work devoted to:
a) Domestic Pets: _____ %
b) Farm Animals: _____ %
c) Bloodstock: _____ %
d) Other (give details) _____ %
100 %

5. State any specialization: _____

6. Is Applicant engaged in any business or profession other than as a Veterinarian? Yes No
If yes, please explain: _____

7. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant for the coming policy year: \$ _____
b) Does the Applicant provide services or perform activities outside of Canada? Yes No
If yes, give full details indicating the services provided as well as the location and gross annual receipts:

8. List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession. (Provide dates and name of institution, where possible.)

9. Indicate the number of individuals actively engaged in any phase of Applicant's profession or business:

Principals _____ Veterinarians _____ Clerical _____ Other (give details) _____

10. Give particulars of all professional liability insurance held by the Applicant in the past three (3) years:

Policy Number	Insurer	Policy Limit	Policy Period	Retroactive Date

11. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

12. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount? _____

13. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant? Yes No

If yes, give details: _____

14. Limits of Insurance desired: \$ _____ Each Claim
 \$ _____ Aggregate
 \$ _____ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.