# **Veterinary & Animal Services Renewal Summary Application**



### **RENEWAL EFFECTIVE/EXPIRATION DATES:**

From

То 12:01 A.M., Standard Time, at the address of the Applicant

Legal Name and DBA/AKA (include all	legal entities and	associated DBA/	АКА)									
Contact Name:	Contrast Funcily											
Contact Name: Phone:			Contact Email: Fax: Website:									
Inspection Name:			Fax: website: Insepction Contact Email:									
Audit Contact:			Audit Contact Email:									
Mailing Address			City	2			State	Zip				
	city				State	6						
De very ver independent Contracto			) Diagon dagari	ha awa a a u		wisse and seat		Ne				
Do you use independent contracto	Do you use Independent Contractors and confirm their coverages? Please describe exposures/services and costs. Yes No											
Annual Gross Revenue/Sales:		Total No. of E	mployees:		F	ull-Time:		Part-Time:				
Package Policy (Property a	nd Liability)											
Liability Section	,											
	,000 / \$2,000,0	00 \$2,	000,000 / \$4	,000,000								
99851 Class Exposure - Veterin	ary Payroll (Ex	oiring):			Rene	wal Veterinary	/ Payroll:					
45450 Class Exposure - Kennel	I Count (Expiring	g):			Rene	wal Kennel Co	ount:					
Other Exposure (Expiring):						wal - Other E						
Other Exposure (Expiring):					Rene	ewal - Other E	xposure:					
Pet Services Professional Liabil	lity: YES	NO										
Medical Waste Defense Costs F	Reimbursement	: YES	NO									
Employee Benefits Liability (EB	L): YES	NO					Retro Date:					
Employment Practices Liability	(EPL): <b>YES</b>	NO					Retro Date:					
EPL Limits Avaiable: \$10,0		\$50,000	\$75,000	\$100,								
EPL Deductible: \$500	\$1,000	\$5,000	\$10,000	\$25,0	000							
Hired and Non-Owned Auto Lia	bility: YES	NO										
Additional Interests (AI - Addition	onal Insured, LF	P - Loss Pave	M = Morta:	adee)		Additional Interests (AI - Additional Insured, LP - Loss Payee, M = Mortgagee)						
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## **Veterinary Professional Liability**

Liability Li	imits:	\$1,000	),000 / \$3,000,000	)	DVM Count FT:	
License Defe	ense:	YES	NO	Limit:	DVM Count PT:	
Animal Ba	ailee:	YES	NO	Limit:	# of Locs:	
Embryo/Sei	men:	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 d	ing 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 Employ	/ee
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: YES NO	\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
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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:

Applicant's Email:

Phone: \_\_\_\_\_

Date: \_\_\_\_\_