

Questions? Ready to submit?
 Please contact us at VetPL@safehold.com.



Pennsylvania Veterinarian Professional Liability Insurance Application

This application is intended for use in PENNSYLVANIA only.
 Coverage underwritten by Everest National Insurance Company, 100 Everest Way, Warren, NJ 07059
 (Admitted; AM Best A+ XV)

COVERAGE FOR AN INDIVIDUAL VETERINARIAN

PROPOSED EFFECTIVE DATE:
Applicant Name:

Mailing Address			
Street:	City	State	Zip Code
Website Address:			
Contact Information			
Name		Fax	
Email		Primary Phone	
Secondary Email		Secondary Phone	

Employed By (if applicable)			
Employer's Address	City	State	Zip Code

Coverage Requested	Coverage Limits			
Professional Liability* *Additional limits may be available by request.	<input type="checkbox"/> \$1,000,000 / \$3,000,000	\$ / \$		
Professional Liability Deductible	None <input type="checkbox"/>	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>
Regulatory Action Defense Coverage	None <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>
Animal Bailee* *Additional limits may be available by request.	None <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	\$75,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>
Embryo / Semen Coverage	None <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>

This professional liability insurance application is for an occurrence policy. An occurrence policy provides coverage for a claim that occurs during the policy period, regardless of when the claim is reported. This policy does not cover claims, incidents, or loss occurring prior to the effective date of coverage.

Veterinary License Number		State(s) Licensed	
Is the name on the license the same as applicant above?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please explain:			
Do you provide veterinary specialty services exclusively? (e.g. dentistry, dermatology, oncology, ophthalmology, radiology etc.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:			
Are you a self-employed relief veterinarian?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a veterinary telemedicine provider?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you providing mobile or concierge veterinary services?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you offer acupuncture or other holistic veterinary services?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Practice Type			
Standard services include anesthesiology, dentistry, dermatology, emergency & critical care, internal medicine, microbiology, nutrition, ophthalmology, pathology, radiology, sports medicine/rehabilitation, surgery, theriogenology			
Small Animal (Class IV) 100% small animal; includes exotic companion mammals; amphibian; avian & reptile pets.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mixed Practice (Class III) 70% or greater small animal (including equine).		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Large Animal (Class II) 25% or greater (Bovine Exclusive, Porcine Exclusive, Large Animal Exclusive, Mixed Practice (Predominantly Large Animal), Mixed Practice (General), Equine, Poultry, Ratites).		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equine (Class I) 70% or greater equine.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Definitions			
Exclusive means 90% or more of the practitioner's gross practice income is derived from a single species or identified group.			
Predominantly means 70%-89% of the practitioner's gross practice income is derived from a single species or identified group.			
Mixed Practice means 30%-69% of the practitioner's gross practice income is derived from a single species or identified group.			

Insurance & Professional History			
Prior Insurance Carrier		Coverage Limits	\$
*Please provide details and amounts paid for all "YES" responses.			
In the past 3 years (or earlier, if the claim is still open), have any claims or incidents been alleged or otherwise active against any veterinarians in the applicant's practice group?			Yes <input type="checkbox"/> * No <input type="checkbox"/>
Has any insurance company cancelled or refused to issue professional liability insurance covering the applicant or any of its veterinarians?			Yes <input type="checkbox"/> * No <input type="checkbox"/>
Are you or any member of the applicant aware of any incident, act, error or omission that may result in a claim or disciplinary/regulatory action being brought against you during the last 3 years, which you have not mentioned in the questions above?			Yes <input type="checkbox"/> * No <input type="checkbox"/>

FRAUD NOTICES – FOR APPLICANTS OF THE FOLLOWING STATES

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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. (Applicable in all states except those specifically identified below).

APPLICABLE IN 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.

APPLICABLE IN 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)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**. *Applies in NY and PA only. **Applies in NY Only.

I hereby declare that the foregoing information is true and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for Veterinary Professional Liability insurance I am applying for, and I understand it is for my own individual protection.

Applicant Signature:

Date:

Print Name:

Title:

Agent Signature:

Date:

Agent Print Name:

Title:

Agent License #

Required in the state of Florida