



# Allen Financial Insurance Group

## Veterinary & Animal Services Policy Application

Agency: \_\_\_\_\_

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

Producer Contact: \_\_\_\_\_

Producer Email: \_\_\_\_\_

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

Producer Telephone: \_\_\_\_\_

### APPLICANT INFORMATION

**APPLICANT'S NAME** (include all firm names, trading names or DBA's under which you operate)

Insured Contact \_\_\_\_\_ \_Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address  Same as mailing \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  LLC Other \_\_\_\_\_ Years In Business \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Website: \_\_\_\_\_

FEIN/SSAN # \_\_\_\_\_ Years in Business \_\_\_\_\_ Annual Revenue \$ \_\_\_\_\_

Payment Plan:  Annual  40/30/30  25 /5  Monthly Installments

Number Full Time Employees: \_\_\_\_\_ Number Part Time Employees: \_\_\_\_\_ Payroll \$ \_\_\_\_\_

Number of losses in past 3 years: \_\_\_\_\_ Prior Insurance Company: \_\_\_\_\_  None

Describe any claims or losses

## GENERAL INFORMATION

1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business?  YES  NO
2. Do you own any other properties or business operations under this legal entity?  YES  NO
3. Do you Sponsor any sporting or social events?  YES  NO  
If yes:  Financial only  Other \_\_\_\_\_
4. Do you have any exotic or dangerous animals which will ever be treated in your operation ?  YES  NO
5. Have any operations been sold, acquired or discontinued in the past 5 years?  YES  NO
6. Any bankruptcies, tax or credit liens in the past 5 years?  YES  NO

## COMMERCIAL LIABILITY SECTION

Complete this section for Liability Coverage

### A. Limits of Liability (per claim /annual aggregate)

### B. Excess Liability Coverage

- \$500,000/\$1,000,000     \$1,000,000/\$2,000,000     \$1,000,000  \$2,000,000

Are you a member of the American Veterinary Association?  YES  NO

Practice operation includes:  Office  Barn Stables  Mobile Service (Check all that apply)

Number of Veterinarians in Practice : \_\_\_\_\_

Do you want to include professional liability?  YES  NO

Do you Breed Animals ?  YES  NO

Do you store semen and/or embryos ?  YES  NO

Do you have an evacuation plan in place to remove animals in case of a fire?  YES  NO

Does the Practice own vehicles?  YES  NO

Do Employees use personal vehicles for business purposes?  YES  NO

Practice Type:

- Equine Exclusive (90% or More)  
 Small Animal Exclusive (90% or More)  
 Predominately Small Animal (70% or More)  
 Large Animal Exclusive (90% or More)  
 Mixed Practice (No dominant species or Group)

**EQUINE SUPPLEMENTAL SECTION**

Complete below only if an equine practice

Do you transport horses?  YES  NO

Do you maintain a stall barn for horses?  YES  NO

Number of stalls: BARN #1 \_\_\_\_\_ BARN #2 \_\_\_\_\_ BARN #3 \_\_\_\_\_

Do you use a "Boarding Contract" for your customers? If yes, please attach a copy.  YES  NO

MIN NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_ AVG NUMBER OF HORSES IN YOUR CARE \_\_\_\_\_

AVG VALUE OF HORSES IN YOUR CARE \_\_\_\_\_ MAX VALUE OF HORSES IN YOUR CARE \_\_\_\_\_

**Horses in your Care Custody & Control – Bailee Coverage Option**

	<b>Limit Per Horse</b>	<b>Maximum Loss Per Policy Year</b>
<input type="checkbox"/>	\$5,000	\$25,000
<input type="checkbox"/>	\$10,000	\$50,000
<input type="checkbox"/>	\$25,000	\$250,000
<input type="checkbox"/>	\$100,000	\$300,000

**Property Section**

Building Replacement Value \$ \_\_\_\_\_ (If coverage for building is desired)

Deductible:  \$500  \$1,000  \$2,500  \$5,000 Protection Class \_\_\_\_\_

Building Square Footage \_\_\_\_\_ Square Footage You Occupy \_\_\_\_\_

Year Building Constructed \_\_\_\_\_ Number of Stories \_\_\_\_\_ Type of Construction  
 Frame  Masonry  Incombustible

Year Building Remodeled \_\_\_\_\_ Monitored Alarm System?  YES  NO Sprinklered?  YES  NO

Other Occupancies \_\_\_\_\_

Is distance to responding fire station less than 5 miles?  YES  NO

Is property within 1000 ft of commercially navigable body of water?  YES  NO

Is smoking allowed on the premises?  YES  NO

All buildings and parking areas are well lit and there is appropriate emergency lighting  YES  NO

**PERSONAL PROPERTY**  Yes  No

1. Office Contents \$ \_\_\_\_\_ Replacement Cost?  YES  NO

2. Scheduled Equipment \$ \_\_\_\_\_ Replacement Cost?  YES  NO

3. Unscheduled Equipment \$ \_\_\_\_\_ Replacement Cost?  YES  NO

4. Mobile Equipment \$ \_\_\_\_\_

Deductible:  \$500  \$1,000  \$2,500  \$5,000

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.**

## **SIGNATURE AND AGREEMENTS**

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and its Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

**NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.**

---

Signature of Applicant

Date

**SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.**

**12424 N. 32<sup>nd</sup> Street #101 Phoenix, AZ 85032 800-874-9191 FAX 602-992-8327**  
**[www.EQGroup.com](http://www.EQGroup.com) Email: [ballen@eqgroup.com](mailto:ballen@eqgroup.com)**