



**Intact Insurance Company**

## **Application for Veterinarian's Professional Liability Insurance**

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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:

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Postal Address:

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(Number) (Street) (City) (Prov.) (Postal Code)

Location of Operations:

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2. Applicant is an ☐ Individual ☐ Partnership ☐ Corporation ☐ Employee

☐ Other (give details)

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3. How long has applicant been engaged in his/her current occupation or business?

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Has applicant operated under a different corporate name in the past?

☐ Yes ☐ No

If yes, give details:

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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.)

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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.