

Safehold Special Risk, Inc.
Servicing Veterinarians since 1965™

Veterinarian Professional Liability Program
Hanover Insurance Group issuing carrier
AM Best Rating: A XIV

Veterinarian Professional Liability Insurance Application



10940 White Rock Road, 2nd Floor
Rancho Cordova, CA 95670-6076
CA Broker License No. 0D08408
Phone: (916) 767-0406
Fax: (610) 537-4264

Veterinarian Professional Liability Insurance Application

☐ New Policy ☐ Renewal Policy

Delivery Method: ☐ Email ☐ Mail

INDIVIDUAL APPLICANT INFORMATION

Applicant Name: _____

Mailing Address _____

Street Address: _____

Phone No: (Office) _____ (Residence) _____

Fax No.: _____ Email address: _____

Employed By: If Applicable
(Name of Veterinary
Hospital) _____

Employer's Address: _____

Practice Type: *

Small Animal

Mixed Animal

Large Animal

Equine (majority)

Coverage Desired:

☐☐☐☐

Annual Premium: **

\$225

\$410

\$995

\$2,900

Coverages:

Professional Liability

Veterinary Medical Board Legal Defense

Animal Bailee

Coverage Limits:

\$2,000,000 each occurrence / \$2,000,000 aggregate limit

\$100,000 each occurrence / \$100,000 aggregate limit

\$50,000 each occurrence /no limit per animal

Definitions: *

Small Animal – 100% small animal

Mixed Animal – 75% or greater small animal (including equine)

Large Animal – greater than 25% large animal (including equine)

Equine – 70% or greater equine

* Horses valued at >100K do not qualify for program

** Contact Shannon Gianatasio at 916-767-0406 if practice located in the states of Washington, New York, or Arizona.

Veterinary License No.: _____ State Licensed: _____ Date _____

Graduated: _____

Is the name on the license the same as applicant's name above: Yes ☐ No ☐

If No, please explain: _____

Describe type of animals you will generally deal with: _____

Veterinarian Professional Liability Insurance Application

Do you specialize in any specific fields of veterinary medicine, (e.g. animal dentistry, dermatology, etc):

Yes ☐ No ☐

If yes, please explain: _____

Which insurance company provided your previous Professional Liability Insurance:

Has any insurance company cancelled or refused to issue Professional Liability insurance for you: Yes ☐ No ☐

If yes, please explain: _____

Any professional liability claims or allegations during the last 3 years: Yes ☐ No ☐

If yes, please give brief details and list amount paid for each claim:

Coverage will be placed in effect at 12:01am the day following receipt of this completed application and applicable premium payment.

Should a later date be required please indicate date here: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

Please Print Name

Date Signed

Signature

TO PAY BY CHECK

Make check out to:

Safehold Special Risk, Inc.

Mail completed application and premium payment to:

Safehold Special Risk, Inc.

Veterinary Insurance Program

Attn: Shannon Gianatasio

10940 White Rock Road, 2nd Floor

Rancho Cordova, CA 95670-6076

TO PAY BY CREDIT CARD

Email or fax completed application and call Shannon to make a payment:

Email: **Shannon.Gianatasio@safehold.com**

Fax: **610-537-4264**

If you have any questions, please contact:

Shannon Gianatasio: 916-767-0406 or shannon.gianatasio@safehold.com