



Veterinary Student Professional Liability Insurance Application

Individual Applicant Information

Applicant Name: _____

Mailing Address: _____

Street Address: _____

Phone No: (Residence) _____ Cell Phone: _____

Fax No.: _____ Email address: _____

School Name: _____ Year of Graduation: _____

Coverage & Limits:

Civil Lawsuit - \$2,000,000 each occurrence / \$2,000,000 aggregate

Veterinary License Legal Defense - \$100,000 annually

Annual Premium:

No Charge (Up to \$2,900 Annual Value)

No Charge – automatically included

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

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

Contact info call or email:

Shannon Gianatasio / 916-767-0406

shannon.gianatasio@safehold.com