Veterinarian Renewal Application

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured:					
Street Address:					
City:		Province:		Postal Code:	
Contact:		Email:		Phone:	
Website:					

Section 1: Renewal Questions

1. Please provide your total gross revenue:		
2. Have any of your best practices or risk management protocols changed? If Yes, please provide details.*	Yes O	No O
3. Do you expect any material change in your operations in the next 12 months? If Yes, please provide details.*	Yes O	No O
4. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.*	Yes O	No O

If you answered No to questions 2 and 3 above please disregard Section 2: Operations and Section 3: Products and sign and date the application at the bottom.

Section 2: Services

1. Please provide a breakdown of treatment of the following animal groups by percentage (**total of all sections should equal 100%):**

	Bloodstock / Thoroughbreds		Exotic Animals		Other, please describe:
	Domestic Animals		Farm Animals / Livestock		

2. Please provide a breakdown of types of services rendered by percentage: **(total of all sections should equal 100%):**

	Boarding		Grooming		Vaccination
	Breeding		Physical examinations		Other, please describe:
	Dental procedures		Surgical		

Section 3: Staffing

1. Please indicate the number of your salaried staff by Full Time Equivalent **(1 FTE = 37.5 hours/week)**:

DVM		Vet Techs		Other, please specify:	
Groomers		Administrative			

Section 4: Products

1. Do you sell any products as part of your operations?	Yes O	No O
2. Please indicate how much revenue comes from the sale of these products:		
3. Are any of these products sold outside of Canada?	Yes O	No O
4. Are any of these products sold under your organization's name or brand(s)?	Yes O	No O
5. Please indicate what type of products you sell?*		

*Please provide further details in the space provided under the Additional Information Section.

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

*Please provide further details in the space provided under the Additional Information Section.