

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: About Your Organization

- What year was your organization established: _____
- Is your organization incorporated? Yes ☐ No ☐
- Please provide your annual gross revenue: _____
- Do you expect a material change in your operations in the next 12 months? If yes, please provide details.* Yes ☐ No ☐
- Please list any subsidiaries or related entities of your organization, including auxiliaries, foundations or profit-making corporations that are controlled by or control your organization:

Entity Name	Description of Operations	Relationship to Named Insured

Section 2: Services

- Please describe operations: _____
- 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	
- 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	
- What is the estimated highest value of animal you treated in the last 12 months? _____
- What is the estimated highest value of a herd of animals you treated in the last 12 months? _____
- Do you administer artificial insemination? Yes ☐ No ☐
- Are you responsible for the sign off on the health of animals destined for the human food chain? Yes ☐ No ☐
- What degree did you obtain and from where? _____
- How long have you been practicing? _____
- Do you have a written policy in place to ensure staff are following proper infection prevention and control practices? Yes ☐ No ☐
- Do you have proper disposal methods for all hazardous waste? Yes ☐ No ☐

Section 3: Staffing

- 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	

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

Section 4: Products

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

Section 5: Claims History

1. Have you ever had a claim against your organisation's insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation.* Yes ☐ No ☐
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes ☐ No ☐
3. Has anyone associated with the your practice been investigated or charge with a criminal offence or professional disciplinary action? Yes ☐ No ☐

Section 6: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes ☐ No ☐

2. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Medical Malpractice						

Section 7: Requested Insurance Coverage

1. Please indicate the coverage limit, aggregate, retroactive date, and deductible are requested:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Medical Malpractice				

2. Confirm coverage has been in place continuously from Retroactive Dates requested? Yes ☐ No ☐

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
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Signature

*Please provide further details in the space provided under the 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:

[illegible]

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