VIP Veterinary Insurance Program

General Information

Named Insured: ______________________ Policy No: ______________________

Mailing Address: ______________________ Phone: ______________________

Email Address: ______________________ Website: ______________________

Estimated annual revenue for coming year: ______________________

Maximum number of DVMs working at any one time: ______________________

Total number of Employees: ______________________

List current DVM's: Indicate % of time spent on the applicable category

DVM Names	{O}wner {E}mployee {L}ocum		Small Animals	Large Animal (200+ lbs)	Equine + Exotics	Herds, Ranch, + Flocks (20+)	Other Services

Detailed list of business operations:

Please list any claims or losses in the last five years:

Are you aware of any unreported claims over the last year: YES NO

Other Services Provided:

	% of Gross Revenue
Grooming Facilities?	______
Pet Training?	______
Retail Pet Supplies?	______
Boarding or Kennels?	______
Crematorium?	______
Meat Inspections?	______
Pet Cemetery?	______
Embryo Work?	______
Any Professional Services Outside of Canada?	______
Any Non DVM Chiropractor Dentist Acupuncturist?	______
Entertainment, Wild or Exotic Animals?	______

(Not native to North America)

Owned by Clinic? YES NO

Total Value of all animals: $______

If Yes, Attach Government Requirements

# of tanks: ______
Values including transit:$______

Maximum value of animal: $______

Large Animals over 200lbs

Do you treat large herds? YES NO

Average size of each herd: (No of heads) ______

'Maximum' size of each herd (# head): ______

Number of Herds you treat: ______

Type of animal:

Goats:	YES	NO
Sheep:	YES	NO
Cattle:	YES	NO

Describe all services including consulting: ______

Do you treat animals at your clinic? YES NO

Equine & Exotics

Do you treat Thoroughbreds? YES NO

Average value of animal:$ ______

Maximum value of animal:$ ______

Pre-sale examinations: YES NO

Name of race track(s):______

Race track operations: YES NO

Name of race track(s):______

Location No 1

Construction Type:______

Number of Stories:______

Are you the only occupant in building? YES NO

Year Built:______

Other Occupants:______

Your Square Footage:______

Total Building Square Footage: ______

Do you own or rent? OWN RENT

Air Conditioning: None Central Window Unit

Alarm Protection: Monitored Fire Alarm Monitored Burglar Alarm

Fire Protection: Hydrants within 500 ft. Fire Hall within 5 km Unprotected

Plumbing: ____________________ Last Updated: ____________________

Heating: ____________________ Last Updated: ____________________

Electrical: ____________________ Last Updated: ____________________

Roof: ____________________ Last Updated: ____________________

Security: ____________________ Last Updated: ____________________

Current List of Loss Payees & Additional Insureds:

Please fully complete the following for Location One:

Values listed below should indicate the full CURRENT REPLACEMENT COST for all items including leased equipment.

Business Personal Property

Item	Value	Item	Value
Air Conditioning (check lease)		Leasehold Improvements	
Alarm System (Monitored)		Library	
Anesthetic Equipment		Microscopes	
Autoclave		Misc. Equipment – Medical	
Blood Chemistry Analyzer		Misc. Equipment – Non Medical	
Blood Pressure Monitor		Otoscopes	
Cages		Phone Systems	
Centrifuge		Photocopiers	
Circulating Water Blanket		Refrigerators & Freezers	
Computers – Hardware/Software		Scales	
Crematoriums		Scavenging System	
Dental Equipment		Stock – Drugs	
Electrocardiogram		Stock – Food	
Electronic Equipment		Surgery Equip – Instruments	
Endoscopes		Surgery Equip – Lamps/Tables	
Fax Equipment		Ultrasound	
Film Processing Unit		Washing Machine	
Fluid Pumps		X-Ray Machine & Equipment	
Furniture – Examination Room		Other – please describe:	
Furniture – Office & Lobby		Other – please describe:	
Incubator		Other – please describe:	

TOTAL REPLACEMENT COST: ____________________

Mobile Property

Laptop Computers: $ ______________________

Bowie Boxes: $ ______________________

Mobile Vet Equipment (excluding laptops and bowie boxes): $ ______________________

Authorization

Please sign and date below

Signature: ______________________

Name & Title: ______________________

Today's Date: ______________________

The above form is intended to guide you in determining the full replacement cost of your property. There may be additional items within your clinic that are not listed.