



The Standard of
Veterinary Excellence

AAHA Business Insurance Program Application

NEED A QUOTE?

- Return this completed application
- OR Call and apply with a sales executive
- OR Send us your current policy declaration pages and contact information
- OR Apply online at www.aahainsurance.org/quote

P: **866-380-AAHA** (2242)
F: **866-381-AAHA** (2242)
aaha@hubinternational.com
www.aahainsurance.org

Priority Code: [website](#)



Broker and Consultant:
HUB International Midwest Limited,
HUB International Midwest Insurance Agency (CA)

General

Practice Name: _____ Practice Contact Name: _____
Practice Address: _____ (city/state/zip) _____
Phone: _____ Fax: _____ Email: _____
Legal Structure: Sole Proprietor Partnership Corporation Limited Liability Company Other: _____
Practice Type: Small Animal Exclusive Mixed (mostly small animal) Mixed (mostly large animal)
Are you a mobile practitioner? Yes No • Do you have data breach or cyber liability coverage? Yes No

Employment Practices

Number of Employees: Full-time: _____ Part-time: _____ Estimated Total Assets: \$ _____

Have you completed any of the following in the past 18 months? Are you planning to complete any of the following during the next 12 months?

Our practice is not contemplating layoffs, staff reductions, or facility closings that will affect more than 25% of the workforce. True False
Our practice has written guidelines or procedures addressing discrimination, sexual harassment, and employee complaints that are available to our employees. True False
Our practice is not a subsidiary or U.S. division of a foreign parent company. True False
During the past three years, our practice has had fewer than three employment practices incidents, and the total amount paid or reserved on all litigation was less than \$50,000. True False

Workers' Compensation

Current Expiration Date: _____ Current Insurer: _____ Premium: _____

Please describe all claims over the past three years and the approximate cost of each claim (attach an additional page if necessary):

Date: _____ Description: _____ Amount Paid: _____

What is your experience modification factor? _____ No experience modification factor.

Type of Employee	Class Code	Number of Employees		Estimated Payroll
		Full-time	Part-time	
Employed Veterinarians and Assistants	8831			\$ _____
Executive Officers, Partners, Proprietors, and Owners <i>(only if included in coverage)</i>	8831			\$ _____
Clerical Duties Only <i>(no animal contact)</i>	8810			\$ _____

List all owners and officers of the practice and indicate if included or excluded (attach an additional page if necessary):

_____ Include Exclude

Estimated Annual Payroll \$ _____

_____ Include Exclude

Estimated Annual Payroll \$ _____

Owner's Package

Current Business Policy Expiration Date: _____ Insurer: _____ Premium: _____

Commercial General Liability (excluding Professional Liability): \$2,000,000/occurrence Umbrella Liability (excluding Professional Liability): \$1,000,000

Building Limit: _____ Deductible: _____ Total Business Personal Property Owned: _____

Total Business Personal Property Off Premises Limit: _____ Total Business Personal Property of Others (leased): _____

Own Lease • Do you need earthquake coverage? Yes No • Do you have flood coverage? Yes No

Construction: Frame Joisted Masonry Masonry Non-Combustible Other: _____

Alarm System: Local Central Station • Smoke Detectors: Yes No • Fire Extinguishers: Yes No

Number of Stories: _____ Sq. Ft. Area: _____ Year Built: _____ Years in Business: _____ If Multiple Occupancy: _____ % occupied