



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

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 \$ _____

Flood

Current Expiration Date: _____ 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: _____

Data

Yes, I am interested in coverage for protection against data breaches, cyber liability, and privacy exposures.
A breach is defined as an event in which personally identifiable information is potentially put at risk – either in electronic or paper format.