



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Veterinary Supplemental Application

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

Please provide Certificate of Insurance for your Professional Liability Coverage along with completed and signed application.

- 1 Please give a detailed description of your entire operation: _____

What percentage of operations treat Large Farm Animals _____% Domestic Animals _____%
What is the Maximum one way mileage radius travelled to offsite customers _____miles.
Do/will you transport large animals to your clinic Yes No
- 2 Describe your new hire and training procedures for new vets, techs, interns and front desk personnel: _____

- 3 Do you have a safety program? Yes No
Please describe including adherence to Best Practices and OSHA Regulations: _____

- 4 Do you provide training for employees on reading animal behavior? Yes No
If yes, explain: _____

- 5 Do you include training procedures for proper lifting and/or use of equipment? Yes No
If yes, explain: _____

- 6 Describe your use of personal protective equipment: _____

7. Describe enforcement of waiting room procedures for owners to restrain their pets: _____

8. Are Material Safety Data Sheets (MSDS) available for all workers to read? Yes No
9. Have all employees been trained where the MSDS forms are located? Yes No
10. Medications/Chemicals/Gasses:
 Describe procedures and controls for prescribing, dispensing and storage of prescription drugs: _____

11. Describe how flammable gasses and liquids are stored: _____

12. Is equipment sterilized in a well-ventilated/contained area? Yes No
13. Is there a lab on premise? Yes No
 If yes, provide description of lab techs duties and adherence with safeguards in the lab: _____

Requested date of coverage: _____

- A. Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.
- B. The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____