

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## PET PAK PROGRAM APPLICATION General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent

APPLICANT INFORMATION
Name
Address
City, State, Zip Policy Term
Telephone Professional License Type and Number (if required)
Business Organization: Individual Partnership Corporation Other
Description: Veterinarian Animal Grooming Other (Describe)
GL & Prof. Limits Requested: Occurrence Personal Injury/Advertising
General Aggregate Medical Payments
Prods/Comp Ops Aggregate Fire Legal
Estimated annual payroll \$ Estimated annual receipts \$ Years in business
Do you offer: Training of attack dogs Animal obedience training
Are you: In private practice An employee Subcontractor
Are all applicants partners and employees currently licensed?
Please list and explain any actions taken against your professional licenses in the last 5 years (i.e. revocation,
suspensions, fines, etc.)
List professional degrees or achievements, memberships in professional organizations
Explain any work done with thoroughbreds, exotic or rare animals, commercial ranching or farming
List additional insureds
THREE YEAR LOSS EXPERIENCE
<u>Date</u> <u>Losses (description and amounts paid and incurred)</u>

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## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

## COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY



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