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MOBILE VETERINARY CLINIC APPLICATION

Legal Name of Business:
DBA:
Contact Name: Contact Email:
Location Address:
Mailing Address:
Business Phone: Cell Number: Fax Number:
Email: Website:
CEO: CFO:
FEIN/Social Security No. USDOT #
REQUESTED EFFECTIVE DATE: From To 12:01A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

- 1. Applicant is: Individual Partnership Corporation Joint Venture LLC Trust
Not For Profit Org Subchapter "S" Corporation Other:
2. Description of operations:
3. Please describe what type of locations your clinic will be practicing at:
4. What date was this mobile operation started?
5. How many years of experience does your management have in the same/related business?
6. Have you had any insurance canceled, declined or non-renewed in the last 3 years?
7. Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?
8. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries or has the applicant operated under a different name?
9. Is there a formal safety program for the mobile unit?
10. Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?
11. Radius of operations: Intrastate only Interstate
0-100 miles %, 101-300 miles %, 301-500 miles %, Over 501 miles %

12. List all states in which vehicles operate: _____
 a. For all states, list largest cities entered: _____
 b. For all states, list farthest city entered from garaging location: _____
13. Do any units have special equipment, customizations or alterations? Yes No
 If yes, describe: _____
14. Are any vehicles used by family members? Yes No
 If yes, list and provide MVRs: _____
15. Is there personal use of vehicles? Yes No
 If yes, explain: _____
16. Do you allow passengers? Yes No
 If yes, please describe and list how many at one time: _____
17. Are any vehicles or equipment loaned, rented, or leased to others? Yes No
 If yes, explain: _____
18. Do you have animals coming into your mobile unit while you are parked at a location? Yes No
 If yes what is the maximum number at one time? _____
19. What type of animals do you see? (Cats, Dogs, Exotics, etc.): _____
20. What is the maximum number of employees & volunteers in the mobile unit while you are parked at location? _____
21. Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy in the last five (5) years? Yes No
 If yes, please explain: _____
22. During the last 5 years (10 in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? (In RI, this question must be answered by any application for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment) Yes No
23. Any past losses or claims relating to sexual abuse, molestation allegations, discrimination or negligent hiring? Yes No
24. Has applicant had a judgment or lien during the last five (5) years? Yes No
 If yes, please explain: _____
25. Any foreign operations, foreign products distributed in USA or US products sold/distributed in foreign countries? Yes No
26. Does applicant have any other business ventures for which coverage is not requested? Yes No

DRIVER INFORMATION

27. Are all drivers covered by Workers' Compensation insurance? Yes No
 If yes, you must provide a copy of your policy.
28. Is there a formal driver hiring procedure? Yes No
 If yes, please attach a copy.
29. Is there a formal driver training program? Yes No
 If yes, please attach a copy.
30. Do you:
- Perform employee drug & alcohol screening/testing? Yes No
- Perform criminal background checks? Yes No
- Have a "Good Driver" incentive program? Yes No
- Order "Motor Vehicle Report" prior to allowing employees to drive? Yes No

31. Criteria for hiring drivers: minimum age: _____ and years of experience driving vehicle type: _____
 Describe MVR standards: _____

32. Average driver turnover per year: _____ %
 Number of Driver's hired in the past twelve (12) months: _____

33. Do you have an accident review procedure in place? Yes No

34. Are all drivers' employees? Yes No
 If the no, please provide copy of contract.

35. How are your drivers paid? Per load Per hour Other: _____

36. Do you agree to screen and report all potential operators immediately upon hiring? Yes No

37. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.

Driver's Name	D/C*	Date of Birth	M ** S ** W **	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	List Past 3 Years of Accidents & Traffic Violations

*D/C = Designation Code: O-Owner/Officer, P-Partner, E-Employee, V-Volunteer **M/SW = Designation Code: M-Married, S-Single, W-Widow

If there are any drivers with serious violations* in the last 5 years we are unable to insure that driver on the commercial policy.

*Serious Violations: Driving under the influence of alcohol or drugs, refusing to take a substance/breathalyzer test, reckless driving, hit and run, resisting arrest, evading an officer, driving with a suspended or revoked license, homicide or manslaughter, using a vehicle in connection with a felony, driving with an open container (alcohol), careless driving, Fleeing or Evading Police roadblock, racing/speed contest and assault.

VEHICLE INFORMATION

38. Number of vehicles owned:
 Motorhome/Mobile Unit _____ Tractors _____ Trailers _____ Private Passenger Types _____ Van Conversions _____ Other _____

39. Number of vehicles leased:
 Motorhome/Mobile Unit _____ Tractors _____ Trailers _____ Private Passenger Types _____ Van Conversions _____ Other _____

40. Provide detailed information regarding your vehicle maintenance program: _____

41. How is access to your medical equipment controlled? Please explain: _____

41. How is access to your medical equipment controlled? Please explain: _____

42. Are any vehicles owned, operated or leased that are not included in the vehicle schedule? Yes No
 If yes, please provide details: _____

PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY

Include a minimum of three (3) years currently valued company loss runs for all accounts.
The Prior Carrier and Loss section below must be completed:

Policy Period	Prior Carrier Name	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. of Losses	Liability Losses Paid or Open*	Physical Damage Losses Paid or Open*

LIMIT AND COVERAGE INFORMATION

43. **Liability:** Combined Single Limits \$ _____ Split Limit: B.I per Person \$ _____
 B.I per Accident \$ _____ Property Damage \$ _____
44. **Uninsured Motorist:** Matching Limits Accepted **Uninsured Motorist:** Matching Limits Accepted
45. **Medical Payments:** Rejected Limits accepted: _____
46. **Deductibles:** **Comp \$** _____ **Coll \$:** _____
47. **Are any Lessors or other entities to be added as additional insureds?** **Yes** **No**
 If yes, please list **NAME** and **ADDRESS** information: _____
48. **Included GL Extension Endorsement (GLEE)** **Yes** **No**
49. **Annual Income Amount for Mobile Unit:** \$ _____

VEHICLE SCHEDULE

Please attach vehicle and equipment invoices and inventory list

Vehicle # :	Year:	V.I.N #
Make/Model/Type of Vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: Value of Vehicle \$ _____	Value of permanently attached equipment: \$ _____	
City, State & Zip where vehicle garaged:		
Licensed State:	Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> COLL _____	
<input type="checkbox"/> Commercial Use <input type="checkbox"/> Service Use	Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If custom unit, name of manufacture/builder: _____		Unit Length: _____

Vehicle # :	Year:	V.I.N #
Make/Model/Type of Vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: Value of Vehicle \$ _____	Value of permanently attached equipment: \$ _____	
City, State & Zip where vehicle garaged:		
Licensed State:	Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> COLL _____	
<input type="checkbox"/> Commercial Use <input type="checkbox"/> Service Use	Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If custom unit, name of manufacture/builder: _____		Unit Length: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN FLORIDA): Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING (APPLICABLE IN MAINE): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____
(Must be signed by an active owner, partner or executive officer)

AGENT'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: MELISSA E THUM

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

