



**CMW Insurance Services**  
 700-1901 Rosser Avenue  
 Burnaby, BC V5C 6R6  
 Fax: 604-294-3003  
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## Veterinarian New Business Application Form

**Section A:**

Named Insured:			
Your other company names, if any:			
What is your business type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Mobile Vet	<input type="checkbox"/> Locum	<input type="checkbox"/> Clinic
BCVMA Membership:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:			
Location Address if different than Mailing Address:			
Telephone:	Business:	Home:	Cellular:
Fax:	Business:	Home:	
E-mail:	Website:		

**List Current DVM's**

DVM Names:	Indicate % of Time spent on the applicable category					
	{O}wner {E}mployee	Small Animal	Large Animal (over 200 lbs)	Equine, Exotics	Herds, Ranch, Flocks (more than 20)	Other Services

**Total Gross Fees:** \$ \_\_\_\_\_ *(Required in order to insure adequate Business Interruption coverage)*

**If Large Animal (over 200lbs) DVM:**

Do you treat large herds? Yes No      Type of animal: \_\_\_\_\_      Number of clients: \_\_\_\_\_

Average size of each herd: \_\_\_\_\_      Maximum size of each herd (# head): \_\_\_\_\_  
 (# head)

Describe all services including consulting: \_\_\_\_\_

Do you treat animals at your clinic? Yes No

**If Equine/Exotics DVM:**

Do you treat Thoroughbreds? Yes No

Average value of animal: \$ \_\_\_\_\_      Maximum value of animal: \$ \_\_\_\_\_

Pre-sale examinations Yes No      Name of race track(s): \_\_\_\_\_

Race track operations Yes No

**Other services provided:**

**State percentage of Gross Fees**

Grooming Facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Owned by Clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Retail Pet Supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Boarding or Kennels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Total Value of All Animals	\$ _____
Crematorium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Pet Cemetery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Meat Inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	If Yes, attach government requirements	
Embryo Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Number of tanks	# _____
			Values including in transit	\$ _____

Any Professional Services Outside Canada? Yes No \_\_\_\_\_

Any Non DVM Chiropractor Dentist Acupuncturist? Yes No \_\_\_\_\_

Entertainment, Wild or Exotic Animals? Yes No      If Yes, Maximum Value of animal \$ \_\_\_\_\_  
 (Not native to North America)

Describe any other professional services not noted above:

Describe any other business operations and insurance requirements:

Attach any contracts with industry and hold harmless agreements:

**Pages 3 & 4 are not required for Locums that do not require Property insurance coverage.**

**Section B:**

**PROPERTY INFORMATION:**

**Note - all values should reflect current cost to replace or re-construct – see minimum costs under construction definitions below**

Total Building(s): (For Building owners only) \$ \_\_\_\_\_ Total Contents including Tenants Improvements: (Refer to Inventory Sheet to assist calculation) \$ \_\_\_\_\_

If you do not own the building but are required to insure the building as part of lease agreement, who is to be named as Building Owner?

Loss Payee (ie. bank or lessor):

Additional Insured(s) (ie. for landlord):

Maximum Value of any animal treated:	\$ _____	Rental Income Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum value in vehicle or off-premises:	\$ _____	Value of annual rental income:	\$ _____
Contents regularly taken off premises:	\$ _____	Value of All Drugs (\$10,000 Drug Spoilage included):	\$ _____
How much of the <b>Total Contents</b> are for Computer Hardware, Peripherals and Software:	\$ _____	If this is a condominium/strata unit, do you own the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laptop Computers:	\$ _____	Bowie Boxes:	\$ _____

For multiple Loss Payees, please list in Remarks section below.

Please complete building details on next page.

Please complete additional copies of page 4 of this application as required if you have more than 1 location.

## Building Information

(please complete building information on the next page & applying Construction Code based on the following descriptions)

### Construction Class Descriptions and Recommended Building Replacement Cost Values

#### 1 Fire-Resistive

Walls, floors and flat roof of solid masonry, reinforced concrete or other non-combustible material with high fire resistive rating. No structural steel unless steel protected by standard thickness of fire resistive insulation.  
*Minimum \$125 per square foot.*

#### 2 Masonry

Solid brick, stone, concrete block or hollow tile walls with wood joist peak roof, including "steel on steel" and "mill" type construction.  
*Minimum \$100 per square foot.*

#### 3 Non-Combustible

Solid masonry walls with flat steel deck roof, concrete floors and/or other unprotected structural steel.  
*Minimum \$125 per square foot.*

#### 4 Masonry Veneer

Frame building with brick veneer, stone or other masonry veneer with wood joist peak roof.  
*Minimum \$95 per square foot.*

#### 5 Frame and all other

Includes stucco, rough cast, metal clad, vinyl siding with wood joist peak roof.  
*Minimum \$90 per square foot.*

## Section C:

Building Details for main building (Location 1):		
Construction Class: <small>(see guide above)</small>		# of Stories:
Are you the only occupant in building: <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Built:
Other Occupants:		
Your Square Footage:	Total Building Square Footage <small>(For Building Owners):</small>	Own or Rent:
If building is over 35 yrs old, please advise what year the roof, plumbing, and electrical have been updated:		
Type of Heating:	<input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Electric	
Type of Air Conditioning:	<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Window Unit	
Alarm Protection:	<input type="checkbox"/> Monitored Fire Alarm <input type="checkbox"/> Monitored Burglar Alarm <i>Please provide copy of your Monitored Alarm Certificate</i>	
Fire Protection:	<input type="checkbox"/> Hydrants within 500 ft. <input type="checkbox"/> Fire Hall within 5 km <input type="checkbox"/> Unprotected	

## Section D:

Additional Building Details at Location 1 ( Only if applicable - i.e. Shed, Storage Building ):		
Building Value: \$		Contents in this building: \$
Construction Class: <small>(see guide above)</small>		# of Stories:
Are you the only occupant in building: <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Occupancy:
Other Occupants:		
Year Built:	Square Footage:	Own or Rent:

If building is over 35 yrs old, please advise year of when the roof, plumbing, and electrical have been updated:

Type of Heating:	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Steam	<input type="checkbox"/> Electric
Type of Air Conditioning:	<input type="checkbox"/> None	<input type="checkbox"/> Central	<input type="checkbox"/> Window Unit
Alarm Protection:	<input type="checkbox"/> Monitored Fire Alarm	<input type="checkbox"/> Monitored Burglar Alarm	<i>Please provide copy of your Monitored Alarm Certificate</i>
Fire Protection:	<input type="checkbox"/> Hydrants within 500 ft.	<input type="checkbox"/> Fire Hall within 5 km	<input type="checkbox"/> Unprotected





## Veterinarian Inventory

For new business, please complete the following.

Values listed should indicate the **REPLACEMENT COST - NEW** of all items and also include leased equipment

**Please complete a separate inventory for each location.**

Air-conditioning (check lease)	\$ _____	Incubator	\$ _____
Alarm System (Monitored)	\$ _____	Library	\$ _____
Anesthetic Equipment	\$ _____	Microscopes	\$ _____
Autoclave	\$ _____	Otoscopes	\$ _____
Blood Pressure Monitor	\$ _____	Phone Systems	\$ _____
Blood Chemistry Analyzer	\$ _____	Photocopiers	\$ _____
Cages	\$ _____	Refrigerators, Freezers	\$ _____
Centrifuge	\$ _____	Scavenging System	\$ _____
Computers - Hardware	\$ _____	Scales	\$ _____
- Software	\$ _____	Stock - Food	\$ _____
Crematoriums	\$ _____	- Drugs	\$ _____
Circulating Water Blanket	\$ _____	Surgery Equipment - Lamps	\$ _____
Dental Equipment	\$ _____	- Tables	\$ _____
Electrocardiogram	\$ _____	Instruments	\$ _____
Electronic Equipment	\$ _____	Leasehold Improvements	\$ _____
Endoscopes	\$ _____	Ultrasound	\$ _____
Fax Equipment	\$ _____	Washing Machine	\$ _____
Fluid Pumps	\$ _____	Misc. Equipment - Medical	\$ _____
Furniture - Office/ Lobby	\$ _____	- Non-Medical	\$ _____
- Examination Room	\$ _____	X-Ray Machine & Equipment	\$ _____
		Film Processing Unit	\$ _____
		<b>TOTAL REPLACEMENT COST:</b>	<b>\$ _____</b>
		Bowie Boxes	\$ _____
		Laptop Computers	\$ _____
		Amount of contents carried in a vehicle or temporarily off premises (excl laptops & bowie boxes)	\$ _____

Dated: \_\_\_\_\_

Completed By: \_\_\_\_\_