

**CVMA INSURANCE SERVICES
VETERINARY STUDENT PROFESSIONAL LIABILITY INSURANCE APPLICATION**

Underwritten by CNA Financial Corporation (CNA)

INDIVIDUAL STUDENT INFORMATION:

Applicant Name: _____

Mailing Address: _____

Street Address: _____

Phone-Residence: _____ Phone-Cell: _____

Fax No.: _____ Email Address: _____

CHECK ONE: 1st Year Student _____ 2nd Year Student _____ 3rd Year Student _____ 4th Year Student _____

This insurance is only available to students enrolled in the veterinary school programs at either UC Davis, Davis, CA or Western University, Pomona, California. Please check school you attend: UCD _____ WU _____

<u>Professional Liability Limits of Coverage:</u>	<u>Annual Premium:</u>
\$2,000,000 each occurrence/\$4,000,000 aggregate	Complimentary Coverage as a CVMA student member benefit
<u>Veterinary Medical Board Legal Defense Coverage</u>	
\$100,000 is included	

Coverage will be placed in effect at 12:01 a.m. the day following receipt of this completed enrollment form.
I hereby declare that the above information is true and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for Veterinary Professional Liability insurance I am applying for and I understand it is for my own individual protection.

Signature

Date Signed

Print Name

Please mail, email or fax the completed form to:
 Veterinary Insurance Services Company
 1400 River Park Drive, #180
 Sacramento, CA 95815
 Fax: 916-921-2266 / Email: apps@visc-ins.com

If you have any questions, contact Ana Douglass at 888-762-3143
 VISC License #0F64180