

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

Underwritten by CHUBB

*INDIVIDUAL STUDENT INFORMATION:*

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone-Residence: \_\_\_\_\_ Phone-Cell: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

CHECK ONE: 1<sup>st</sup> Year Student \_\_\_\_\_ 2<sup>nd</sup> Year Student \_\_\_\_\_ 3<sup>rd</sup> Year Student \_\_\_\_\_ 4<sup>th</sup> 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 \_\_\_\_\_*

**Professional Liability Limits of Coverage:**

**\$2,000,000 each occurrence/\$4,000,000 aggregate**

**Veterinary Medical Board Legal Defense Coverage**

**\$75,000 is included**

**Annual Premium:**

**Complimentary Coverage as a CVMA student member benefit**

**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