



# TEXCAP-CONCORD INSURANCE SERVICES, LP

## TVMA Insurance Program Application

**Basic Information:****Effective Date:** \_\_\_\_\_

Insured Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Legal Entity: C-Corp, LLC, LLP,  
Other: \_\_\_\_\_

Contact: \_\_\_\_\_

Address 1: \_\_\_\_\_

Phone: \_\_\_\_\_

(Include County)

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

No. of Years In  
Business: \_\_\_\_\_

Additional Locations: (include county)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Years with Current Carrier: \_\_\_\_\_

**Property:**

Building Value: \$ \_\_\_\_\_ Contents: \$ \_\_\_\_\_ Deductible: \$500, \$1,000, \$2,500

Building Construction: \_\_\_\_\_ Frame, Joisted Masonry, Non-Combustible, Masonry Non-Combustible

Roof Material: \_\_\_\_\_ Built-Up Tart and Gravel, Composition, Concrete Tile, Metal, Rock, Clay, Rolled

Year Built: \_\_\_\_\_ Update Year: Roof \_\_\_\_\_ Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Sprinklered % \_\_\_\_\_ Square Footage: \_\_\_\_\_

Protection Class Code: \_\_\_\_\_



Additional Insured:

Type: (Please Circle) Mortgagee, Loss Payee, Leinholder

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

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

**Veterinary Practice Operations:**

Gross Annual Receipts: \_\_\_\_\_ Number of Veterinarians: \_\_\_\_\_

Are all vets associated with practice licensed? \_\_\_\_\_ If no, how many are not? \_\_\_\_\_

Number of Technicians: \_\_\_\_\_

How would you describe your practice? (Please check)

Small – animal practice

Food animal/ Livestock Practice

Mixed, predominantly small-animal practice

Equine Practice

Additional Insured:

Type: (Please Circle)

Managers or Lessor’s of Premises, Vendors, Controlling Interests,  
Designated Person or Organization, Mortgagee, Assignee, or Receiver

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

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



**Practice Questionnaire:**

Have there been any losses in the past 3 years? If so, please explain:

Mobile Equipment Amount? \$ \_\_\_\_\_

Any Transportation of Animals? YES NO

In the past 3 years, has any license investigation or action been taken against you or an employee? If yes, please provide name(s), date(s), and explain:

Are any services provided to animals in zoos, circuses, carnivals, rodeos, theatrical or other show enterprises? YES NO

Are any of the following operations preformed? YES NO

Training or obedience schools  
Commercial cattle/hog confinement operations  
Prize livestock

Breeding of laboratory animals  
Animal Auctions

If yes, please explain:



**Automobile**

Any Business Owned Autos?                      YES                      NO

If YES, please complete for each vehicle used:

Year	Make	Model	VIN #

(If additional lines are needed, please attach a paper with the following information to this application)

**Driver Information:**

Name	Date of Birth	Texas Drivers License #	Use (Personal/Commercial)

(If additional lines are needed, please attach a paper with the following information to this application)

Limits:

Bodily Injury- \_\_\_\_\_

Property Damage- \_\_\_\_\_

Deductibles:

Comprehensive- \_\_\_\_\_

Collision- \_\_\_\_\_



**Worker's Compensation**

Classifications	# of Employees Each Location	Annual Payroll
Veterinarians/Technicians/Drivers		\$
Clerical		\$

**Employers Liability Limits:**

\$500,000/\$500,000/\$500,000 OR \$1,000,000/\$1,000,000/\$1,000,000

**Owners: Included or Excluded?**

If Excluded:

Name	Annual Payroll	% of Ownership	Duties

**Please fax or email completed application to:**

**TexCap-Concord Insurance Services, L.P.**  
**Mike Bass [mbass@texcap-concord.com](mailto:mbass@texcap-concord.com) or**  
**Thasia Foster [tfoster@texcap-concord.com](mailto:tfoster@texcap-concord.com)**  
**Fax – 972.934.8226**