

# AVMA PLIT Student Professional Liability Application

**COMPLETE AND RETURN THIS APPLICATION. CALL 800-228-7548 WITH ANY QUESTIONS.**

Application for: AVMA PLIT-sponsored Student Professional Liability Coverage Endorsement  
Trust Broker and Administrator: HUB International Midwest Limited  
Underwritten by: Zurich American Insurance Company



*Veterinarians Serving Veterinarians Since 1962*

## ELIGIBILITY REQUIREMENTS

1. Sponsoring veterinarian\* must be insured in the PLIT-sponsored Professional Liability Insurance Program.
2. Student must be a member of the Student AVMA (SAVMA).
3. Coverage starts the date following receipt in our office or the supervised activity start date, whichever is later.

## APPLICANT INFORMATION (Please print clearly)

Student's name \_\_\_\_\_ SAVMA number \_\_\_\_\_  
Address \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
School \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_  
Please **begin** coverage effective \_\_\_\_\_  
(Cannot precede date application is received in office)  
Please **end** coverage effective \_\_\_\_\_

## SPONSORING VETERINARIAN INFORMATION

Veterinarian's Name \_\_\_\_\_  
Sponsor's PLIT Certificate # \_\_\_\_\_ (Must have an active certificate)  
Address \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\* Coverage cannot be processed without signature

**\*NOTE:** It is agreed that this application requests coverage only for work under your sponsoring veterinarian or the direct supervision of a licensed veterinarian where the insured sponsoring veterinarian is employed, whose certificate number you have indicated. If you become associated with any other sponsoring veterinarians, another application will be required.

The coverage endorsement will be sent directly to the sponsoring veterinarian.  
The student will be provided the same limits of insurance as his or her sponsoring veterinarian.

## Payment Information

A \$10 fee is required per student for each calendar year of coverage. This payment must accompany the application, either in the form of a check in the amount of \$10.00 made payable to the AVMA PLIT, or by completing the credit card section below. Once the \$10 fee has been paid, the AVMA PLIT will pay for subsequent student applications during the same calendar year. An application needs to be completed prior to each clinical experience with a sponsoring veterinarian.

Please check this box if you have already paid the \$10 premium this calendar year.

## Credit Card Payment Information

Visa  Mastercard card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Credit card billing address: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_

Coverage for the student terminates on the first of January following the inception of coverage or the date that the supervision ceases, whichever is sooner. Please return this application and your check for \$10.00 to our office.

Mail to: AVMA PLIT  
P.O. Box 1629  
Chicago, IL 60690-1629

If you have already paid the \$10 premium this year, or are paying by credit card, you may fax your completed application to: 888-754-8329.