

Petcover: Quotation Form

CHARITY DETAILS

Representative Name:	New Zealand Chihuahua Rescue	Charity Registration Code:	NZ-NZCR
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CUSTOMER DETAILS

Title:	First Name:	Surname:
Address:		
Suburb:	Town/City	Postcode:
Email:	Phone no.	Fly Buys Number:

PET DETAILS

Name:	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	
Breed:	DOB:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

QUOTE DETAILS

	UMBRELLA FOR LIFE Superior Plan <input type="checkbox"/>	UMBRELLA FOR LIFE Mid-point Plan <input type="checkbox"/>	UMBRELLA FOR LIFE Entry Plan <input type="checkbox"/>	12 MONTHS Economy Plan <input type="checkbox"/>
Veterinary Fees	Up to \$20,000 For Dogs Up to \$15,000 For Cats for treatment of Injury, Accident or Illness.	Up to \$15,000 For Dogs Up to \$10,000 For Cats for treatment of Injury, Accident or Illness.	Up to \$10,000 For Dogs Up to \$9,000 For Cats for treatment of Injury, Accident or Illness.	Up to \$7,000 For Dogs Up to \$7,000 For Cats for treatment of Injury, Accident or Illness.
Complementary Treatment	Up to \$4,000 <small>(Any amounts paid under this benefit are part of the policy aggregate of Veterinary Fees).</small>	Up to \$2,000 <small>(Any amounts paid under this benefit are part of the policy aggregate of Veterinary Fees).</small>	Up to \$2,000 <small>(Any amounts paid under this benefit are part of the policy aggregate of Veterinary Fees).</small>	Up to \$1,000 <small>(Any amounts paid under this benefit are part of the policy aggregate of Veterinary Fees).</small>
Third Party Liability (dogs only)	Up to \$5 Million	Up to \$3 Million	Up to \$3 Million	Up to \$1 Million
Death from Illness or Injury	Up to \$2,000	Up to \$1,500 <small>Optional Extra Benefit</small> <input type="checkbox"/>	Up to \$1,500 <small>Optional Extra Benefit</small> <input type="checkbox"/>	Up to \$1,000 <small>Optional Extra Benefit</small> <input type="checkbox"/>
Boarding Fees	Up to \$2,000	Dogs up to \$1,000 Cats up to \$500	Dogs up to \$1,000 Cats up to \$500	Up to \$1,000
Advertising and Reward	Up to \$2,000	Up to \$1,000	Up to \$1,000	Up to \$1,000
Loss by Theft or Straying	Up to \$2,000	Up to \$1,500 <small>Optional Extra Benefit</small> <input type="checkbox"/>	Up to \$1,500 <small>Optional Extra Benefit</small> <input type="checkbox"/>	Up to \$1,000
Holiday Cancellation	Up to \$2,000	Dogs up to \$1,000 Cats up to \$500	Dogs up to \$1,000 Cats up to \$500	Up to \$1,000
Quarantine Expenses and Loss of Documents	Up to \$1,000	Up to \$1,000	Dogs up to \$1,000 Cats up to \$500	Up to \$1,000
Emergency Repatriation	Up to \$500	Up to \$500	Up to \$500	Up to \$500

Premium Payments: Monthly Annually

OTHER DETAILS

Please advise the names and contact details of any Vet Practices that have treated the pet:

Have you made a claim or any incident that may give rise to a claim under a similar insurance policy in the last five (5) years?

Yes No

If yes, please provide details

Has any insurer declined or refused renewal or required special premium or imposed any exclusions on a similar insurance policy?

Yes No

If yes, please provide details

Has the Pet proposed for insurance suffered any injury, illness or disease, been operated on, been on any course of medication or received any Veterinary attention?

Yes No

If yes, please provide details

For Dogs Only: Has the dog proposed for Insurance bitten, attacked or shown any aggressive tendencies?

Yes No

If yes, please provide details

Do you have any other pets which are not insured with Petcover?

Yes No

If yes, please provide details

Will the Dog be used in any way within a business, trade or occupation?

Yes No

If yes, please provide details

DECLARATION

- I/We have answered every question fully and honestly.
- I/We have completed this proposal form personally and have checked that the questions have been fully and accurately answered.
- I/We confirm that the above pet being insured is of a sound state of health.
- I/We authorise any Veterinarian to supply Petcover with my pet's complete medical history or to supply details of claims and any other relevant information.
- In accordance with the Privacy Act 1988, I consent to the collection, storage, use and disclosure of personal and sensitive material to all persons covered by this proposal.

Signature:

Date: