

# Petcover: Quotation Form

| CHARITY DETAILS      |             |                               |                                 |
|----------------------|-------------|-------------------------------|---------------------------------|
| Representative Name: |             | Charity Code:                 |                                 |
| 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        |             |                               |                                 |

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

Terms, conditions and excesses apply and may be varied at renewal. Cover is subject to acceptance criteria, policy limits and exclusions may apply.

Premium Payments: Monthly  Annually

## OTHER DETAILS

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

Has there been 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.
- Either completed this proposal form personally or it has been completed by someone else and I have checked the questions have been fully and accurately answered.
- The pet proposed for insurance is in a sound state of health and the sums stated represent their full value.
- I/We authorise any vet to supply Petcover with my pets 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: