

Pet Insurance Proposal Form

Intermediary

Period of Insurance: From

To:

Owner's Details	
Name:	Mobile No:
Date of Birth:	Email Address:
Address:	
Is the pet living in kennel, cage or owner's house? If others please describe.	
Do you have other policies with GA Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please indicate the Policy No:	

Pet Details		
Pet's Name:	Type of Pet: Cat/Dog	Breed Description:
Sex of Pet: Male <input type="checkbox"/> Female <input type="checkbox"/>	Pet's Age:	Purchase Price:
Does your pet wear a collar (with name, address and telephone?) Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your pet been micro chipped? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you expect your pet to be hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your pet been neutered or sprayed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your pet been vaccinated or boosted in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your pet have any special bodily deformity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your pet been previously insured, If yes give details Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has Your been examined or treated by a vet for anything other than routine vaccinations or neutering in the last three years? If yes please give details		
Is your pet currently ill or suffer from any previous conditions? (please give full history details)		
How many pets (and types) reside at the same property?		

Do you have a personal vet? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please give contacts:
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***Please Note: We do not cover pets used for commercial and professional use**

Declaration

I hereby declare that to the best of my knowledge and belief, that whatever, is stated in this Proposal is absolutely true and that I have not concealed, distorted or misrepresented any facts. I also agree that this proposal and declaration shall be absolutely binding upon me, shall form the basis of this Policy between myself and GA Insurance Co. Ltd and will be considered as forming part of the Policy to be issued.

Proposer's Signature: _____ Date: _____