

PET INSURANCE PROPOSAL FORM

Please fill all the fields in capital letters.

PLAN Required:

Period of Insurance:

Owner Details			
Name:		Tel. No.:	
Date of Birth:		Email Address;	
Address:			
Description of building & property pet will be residing – (warning signs, fencing & height, Gates, Apt or house, accommodation provisions for Pet):			
Other Policies with Atlantic Insurance- Policy No:			
Pet Details			
Pet's Name:	Type of Pet: Cat/Dog	Breed Description:	
Sex of Pet: Male/Female	Pet's Age: (Years/ Months)	Purchase Price:	
Does your pet wear a collar (with name, address and telephone?) Yes/No		Has your Pet been micro chipped? Yes / No	
Do you expect your pet to be hospitalized? Yes/No	Has your Pet been neutered or spayed? Yes / No		
Has your Pet been vaccinated or boosted in the last 12 months? Yes / No	Has your Pet had any previous history of showing violent tendencies or behavioural problems? Yes / No		
Has your pet been previously insured, if yes give details:			
Has your Pet been examined or treated by a vet for anything other than routine vaccinations or neutering in the last three years? (If yes 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?			

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 ATLANTIC Insurance Co. Public Ltd and will be considered as forming part of the Policy to be issued.

Proposer's Signature: _____

Date: _____