



Your application will be handled faster on www.petplan.nl

Application Form

Petplan[®]
dé huisdierenverzekering

Pet information

Pets name : _____ [] M [] F

Date of birth (dd-mm-yyyy) : _____

Note that at the request of the insurance the pet should be in your possession!

Pet type : [] Dog [] Cat [] Rabbit [] Parrot

Neutered : [] Yes [] No

Identification Microchipnumber (or ring number for parrots)

Weight when fullgrown (kg) : _____

Breed / Crossbreed : _____

Choice of coverage (only 1 choice is possible)

[] BASIC Package [] PLUS Package [] TOTAL Package

Choice of additional packages (more choices possible)

[] Chemo / Radiotherapy [] Travel [] Cremation

Voluntarily own risk (25% premium discount)

[] Yes, I choose a voluntary excess of € 250,- and get 25% discount)

My regular Vet is

Name: _____

City: _____

Medical questionnaire:

1. Have you visited your vet in the past 12 months for health control or vaccination?

[] Yes [] No

2. How many times have you visited your vet in the last 12 months concerning health complaints?

[] never [] 1x [] 2x [] 3x [] more than 3 times

3. For what ailment, illness or problem did you visit your vet?

Month: _____ Problem: _____

Month: _____ Problem: _____

Month: _____ Problem: _____

Payment options

[] Monthly automatic bank transfer, IBAN number required

[] Yearly automatic bank transfer, IBAN number required (5% discount)

[] Yearly payment by invoice (5% discount)

IBAN number : _____

This account is held by: _____

[] I would like to receive my policy via e-mail (NO postal charge)

[] I would like to receive my policy by post (€ 11,00 postal charge)

Personal information

Initials : _____ [] M [] F

Last name : _____

Street/House number : _____

Zipcode / City : _____

Date of Birth : _____

Phone number : _____

E-mailadress : _____

Donation

Petplan donates € 2,- per insurance to a fund the insurance intended for pet owners with insufficient financial resources. Would you like to donate?

[] No [] I donate € 2,- [] I donate € 5,- [] I donate € 10,-

Information requirement

Each insurance policy application must be fully completed. Your complete and truthful knowledge of all relevant facts is of utmost importance, as well as the complete and truthful knowledge of all individuals involved. You must answer all the questions posed, even including those in which you think the answers are self-evident. You must inform us immediately should any information change in the course of the administration of your policy request. Should you not answer all questions thoroughly, and should you not keep all your information completely up to date, this may result in the loss of your right to coverage, either in part or in full. Petplan retains the right to cancel any policy which has been granted as the result the falsification of applications. This as stipulated in Netherlands Law, article 7:929-931.

Privacy

The information given on this form and any further personal information will be used for the acceptance of the application, the implementation of the insurance agreement and for the purpose of preventing fraud only.

Closing statement and signature

I, the undersigned, declare all information as enclosed to be the truth. I wish to undertake the insurance policy as requested herein

(City)

(Date)

(Signature)

If you have any questions about your application, call us on 0900-PETPLAN. Send this application, when completed and signed, in a closed envelop to Petplan Nederland, Antwoordnummer 1803, 1462 ZX Middenbeemster. Free of charge. You will receive your policy via mail or e-mail as soon as possible. The policy is optional for 14 days after receipt