

Claim Form for Advertising & Reward

Important notes

We will pay for the cost of advertising and reward money if your pet is stolen or goes missing during the period of your policy up to the maximum benefit amount.

Note: Please include RECEIPTS and applicable documentation. Retain copies for your records.

Please call for pre-approval BEFORE you advertise.

Please see your Policy Wordings document for full details.

SUBMIT A CLAIM

FAX: 1-855-647-7387

EMAIL: claims@ovmapetinsurance.com

MAIL: Petline Insurance Company
301-600 Empress Street, Winnipeg, MB R3G 0R5
Attn: Claims Dept.

1 About you and your pet (affix a label if you have one)

Customer number: _____

Name: _____

Address: _____

_____ ☐ Please check if
new address

Home phone: _____ Work phone: _____

Fax: _____ E-mail: _____

Pet's name: _____

Date of birth (mm/dd/yy): _____

Gender: ☐ male ☐ female

Type of pet: ☐ dog ☐ cat

Breed: _____



Questions? Contact us at:

1.844.744.6862 or info@ovmapetinsurance.com

2 Loss details

Please Note: You MUST report your lost pet to an appropriate agency such as a Humane Society, Animal Services, or your local animal shelter.

Date and time when animal was first noticed missing? Please provide a brief account of the circumstances:

Have you informed the appropriate authority? ☐ Yes ☐ No

Date reported:

mm	dd	yyyy
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If YES, please state the name, address and telephone number:

If NO, please explain details: _____

3 Claiming details

Do you wish to claim reward expenses? ☐ Yes ☐ No

Do you wish to claim advertising expenses? ☐ Yes ☐ No (If yes, please attach the supporting receipts)

Has your pet been found? ☐ Yes ☐ No (Note: If yes, and a reward was paid, please attach a statement of receipt(s) including a telephone number and signature(s) of the recipient(s) of the reward)

4 Policyholder declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand that I am financially responsible for the entire amount, and confirm that amount has been paid in full. I declare that I have fulfilled the conditions of the Summary of Insurance and the Policy Wordings documents.

Signature of policyholder:

_____	mm	dd	yyyy
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Checklist

Have you:

- ☐ Completed all sections of this form
- ☐ Signed this form
- ☐ Attached detailed receipts