

# 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](mailto: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: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  Please check if  
new address

Gender:  male  female

Type of pet:  dog  cat

Breed: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_



**Questions? Contact us at:**

1.844.744.6862 or [info@ovmapetinsurance.com](mailto: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

## Checklist

**Have you:**

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