PROSURE*
VET'S OWN PET INSURANCE

Phone: 1800 424 917
Fax: 1800 424 917
www.prosure.com.au

APPLICATION FORM

NO WAITING PERIOD FOR ACCIDENT CLAIMS

Apply now and get immediate accident cover.
Simply fill in this application form and mail it or fax it to PROSURE* Pet Insurance. There is no waiting period for accident claims. For more information, visit www.prosure.com.au or call us on 1800 424 917.
Post to: Locked Bag 9021 Castle Hill NSW 1765 or Fax to: 1800 424 917

MY DETAILS

Post or fax today to 1800 424 917

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other First Name Surname

Address Suburb

State Postcode Your date of birth

Telephone Home Work Mobile

Email

Usual Vet Practice Visited Name of Vet

Vet's Tel Number Referred by

DETAILS OF PET NUMBER 1

Pet Name Type ☐ Dog ☐ Cat

Breed Sex ☐ Male ☐ Female

Colour Desexed ☐ Yes ☐ No

DOB

DETAILS OF PET NUMBER 2

Pet Name Type ☐ Dog ☐ Cat

Breed Sex ☐ Male ☐ Female

Colour Desexed ☐ Yes ☐ No

DOB

***Pet Health Declaration**: Please provide detailed information, including dates, for any condition (current or previous) your pet has suffered, has required or you anticipate having treatment for. If your pet has never suffered an illness or injury nor had any vet treatment please answer "none".*

Microchip Number (if applicable)

Date of last vaccination

Microchip Number (if applicable)

Date of last vaccination

Note: 1. If you have more than 2 pets please give details on a separate sheet.
2. If your pet has a long Pet Health Declaration, please give details on a separate sheet, or attach a medical history printout from your vet.

MY CHOICE OF COVER FOR PET NUMBER 1

Cover Type ☐ Silver ☐ Gold ☐ Platinum

MY CHOICE OF COVER FOR PET NUMBER 2

Cover Type ☐ Silver ☐ Gold ☐ Platinum

MY PAYMENT DETAILS

Choose your Payment Frequency – *(Choose only one)* ☐ Annually ☐ Monthly* ☐ Fortnightly*

*A premium collection fee of $1 per collection applies for monthly and fortnightly paid policies only

Choose your Payment Method by completing either the credit card or direct debit portions below:

Credit Card Details: Please direct debit my ☐ Mastercard ☐ Visa Cardholders Name

Card Number Expiry Date Signature

Direct Debit Details:

I/We

Authorise The Hollard Insurance Company Pty Ltd (user ID 068616) to debit funds from my/our account at the financial institution identified below as prescribed by the Bulk Electronic Clearing System (BECS).
I/We further authorise the following:
1.The debit user to verify the details of the account with my/our financial institution
2.The financial institution to release information allowing the Debit use to verify the following account details.

Bank/Financial Institution

Branch Location/Suburb

BSB Account No.

Signature(s) Date

Cooling-off Period: I understand that if I am not satisfied with the policy, I may return the policy documents within 14 days and any unpaid premium will be refunded, provided no claims have been submitted or paid.
Your Duty of Disclosure: I declare that the answers provided in the application are true and I have not withheld any requested information. I acknowledge that if I fail to comply with my Duty of Disclosure, that the insurer may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract.
I authorise any veterinary surgeon who has treated my pet to provide the insurer with any details regarding my pet's health and any other relevant information that they may require.
Effective date 1st May 2009
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By submitting an application for PROSURE Pet Insurance, I acknowledge that I have agreed to receive or have received (by printing or downloading from the website at www.prosure.com.au the PDS and FSG referred to in this application and have considered them. I have not received any advice and no analysis of my needs has been conducted.

Signature(s) Date

For office use only