

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 Terms, Conditions, and Benefits of Insurance documents for full details.

Mail completed Claim Form to:

Western Financial Insurance Company
Attn: Claims Dept.
200 - 1200 Portage Avenue
Winnipeg, MB R3G 0T5

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

Policy 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:

1.800.581.0580 or info@westernfic.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 Document of Insurance and the Policy Terms, Conditions, and Benefit of Insurance documents.

Signature of policyholder: _____ mm dd yyyy

Checklist

Have you:

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

Internal use only

Client number: _____

Plan: _____

Checklist number: _____

Date received: _____