

PET MEDICAL INSURANCE APPLICATION FORM
SUBJECT TO TERMS AND CONDITIONS OF THE GENRIC PET INSURANCE POLICY WORDING.
Please send completed application form and supporting documents to admin@genicdirect.co.za

Number of documents including this application form

Where did you hear about us? Vet / Charity / Breeder (please specify which one) Online Friend Print Advert Other

A. APPLICANT PARTICULARS

First name(s) (in full):

Surname: Initials:

ID no.: Mr Mrs Miss Dr Other

Date of birth: / / Policy start date: / /

Contact details: Home no.: () Work no.: ()

Fax no.: () Cell no.: ()

Email address:

Postal address:

Code:

Residential address:

Code:

B. PLAN SELECTION (For additional pets please complete another form)

PET NO. 1 Dog <input type="checkbox"/> Cat <input type="checkbox"/>	PET NO. 2 Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Plan Premium (Monthly/Annual)	<input type="text"/>
Comprehensive Medical Expenses PLUS <input type="checkbox"/>	Comprehensive Medical Expenses PLUS <input type="checkbox"/>	Routine Care (Monthly/Annual)	<input type="text"/>
Comprehensive Medical Expenses Only <input type="checkbox"/>	Comprehensive Medical Expenses Only <input type="checkbox"/>	Savings Account Option R50, R100 or R200 per month	<input type="text"/>
Hospital Plan <input type="checkbox"/>	Hospital Plan <input type="checkbox"/>	Double Up Option	<input type="text"/>
Accident Only Plan <input type="checkbox"/>	Accident Only Plan <input type="checkbox"/>	TOTAL PREMIUM PAYABLE	<input type="text"/>
Essential Plan <input type="checkbox"/>	Essential Plan <input type="checkbox"/>		
Routine Care Option (R65 per month) <input type="checkbox"/>	Routine Care Option (R65 per month) <input type="checkbox"/>		

C. DEBIT ORDER AUTHORISATION

Premium Frequency: Annual Monthly (The initial premium will be pro-rata to the first authorised debit order date).

Name of account holder:

Account no.:

Bank: Standard Bank ABSA FNB Nedbank Other

Account type: Cheque Savings Transmission Other

Deduction amount: R , . Debit Day:

I hereby authorise GENRIC Pet Insurance to draw from my account the premium due in terms of the cover I have chosen, inclusive of VAT at the ruling rate.
If a pet is accepted for cover on standard terms and conditions, we will issue the policy and proceed with the debit as indicated. However, if we apply special terms and conditions, we will first inform you thereof and ask your permission to proceed with issuing the policy and debit your account subject thereto.

Signature of account holder

Date: / /

D. DETAILS OF PET NO. 1 (If you would like to insure more pets, please complete an additional Section D)

Name of pet: Gender: M F Cat: Dog:

Colour: Weight:

Date of birth: / / Age (in full years)

Microchip no. (optional):

Breed:

PET QUESTIONS

1 Has your pet suffered from any conditions in the last two years? Please list the conditions.

2 Please provide any additional information about your pet's health, physical condition or behaviour.

3 Are your pet's vaccinations up to date? Yes No

4 Has your pet ever been used for commercial purposes? If yes please explain. Yes No

5 Do we have your permission to ask your Vet for the medical records of your pet(s)? Yes No

D. DETAILS OF PET NO. 2

Name of pet: Gender: M F Cat: Dog:

Colour: Weight:

Date of birth: / / Age (in full years)

Microchip no. (optional):

Breed:

PET QUESTIONS

1 Has your pet suffered from any conditions in the last two years? Please list the conditions.

2 Please provide any additional information about your pet's health, physical condition or behaviour.

3 Are your pet's vaccinations up to date? Yes No

4 Has your pet ever been used for commercial purposes? If yes please explain. Yes No

5 Do we have your permission to ask your Vet for the medical records of your pet(s)? Yes No

E. DETAILS OF VETERINARIAN

Full name(s):

Contact details:

Home no.:

Work no.:

Fax no.:

Cell no.:

Email address:

F. DETAILS OF INTERMEDIARY

Intermediary:

Intermediary Code:

Contact details:

Work no.:

Cell no.:

Email address:

G. DECLARATION

At the time of application my pet is in sound health, has no pre-existing condition, any injury or physical disability and/or congenital or hereditary defect other than what is declared below.

I warrant that all the particulars and statement above are true and correct, and contain all the information known to me affecting the risks under the Policy to be insured. I understand that these statements and particulars, and any other statement, written or oral, for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between myself and GENRIC Insurance.

I acknowledge that failure to disclose any and/or all material facts may result in the nullifying of the policy in the event of a claim. I undertake to exercise all ordinary and reasonable precautions for the safety of the insured animal.

Acceptance of any pet for this insurance is at the discretion of the underwriters. We reserve the right to decline acceptance of a pet, to vary the conditions on which the insurance is accepted and to vary the conditions and premiums printed in this brochure at any time. By completing and signing this application form you will be agreeing to GENRIC's Pet Insurance Policy's terms and conditions and have noted all the information found inside the GENRIC Pet Insurance document.

I understand that this insurance will not commence before this proposal has been accepted by the insurer. I hereby request that the insurers provide insurance cover in terms of this Policy.

Signature of applicant

Date:

D D

M M

Y Y Y Y