

(WEBSITE DOWNLOAD)

APPLICATION FORM

Email to: membership@petsure.co.za or Fax to: 086 661 0990

OWNER DETAILS

Title: _____ Full Initials: _____
 First Name: _____
 Surname: _____
 I.D. No: _____
 Postal Address: _____
 _____ Code: _____
 Physical Address: _____
 _____ Code: _____
 Tel (h): () _____ Tel (w): () _____
 Fax: _____ Cell: _____
 e-mail Address: _____

DETAILS OF HORSE TO BE INSURED

Horse's Name: _____
 Height: _____ Sex: G S M Colour: _____
 DOB: Breed: _____
 Brand / Tattoo / Microchip No: _____
 Address where horse is kept (stable or yard): _____

 Is your horse registered? Y N
 If yes, state the name of the organisation and membership no. _____

 Name of person responsible for horse: _____
 Tel No: () _____

Please answer the following questions:

If you answer YES to any question, please provide further details on a separate sheet.

- Has the proposed animal described suffered any accident, sickness, disease, lameness, colic, sprained tendons, been fired or denerved, operated on for wind or respiratory defects or been on any course of medication or received any veterinary attention? Y N
- Has any Insurer ever declined a proposal, refused renewal, required special premiums or imposed special exclusions or terms? If YES, please give details and state which insurer. Y N
- Have you made any claim or had a claim made against you which gave or could have given rise to a claim under this or similar insurance? Y N

VETERINARY PRACTICE DETAILS

Name of Veterinary Practice: _____
 Vet's Name: _____
 Tel: () _____

NOTE: THIS INSURANCE IS SUBJECT TO RECEIPT OF A RECENTLY COMPLETED CERTIFICATE OF HEALTH AND IDENTITY PROVIDED BY A REGISTERED VETERINARIAN FOR INSURANCE APPLICATION

Where did you hear about PetSure Equine?

<input type="checkbox"/>	Broker	Name Br. No	
<input type="checkbox"/>	Other	Details	

PAYMENT METHODS - All premiums are inclusive of VAT

- EFT (ANNUAL PAYMENTS ONLY)
 Credit Card
 Please debit my: VISA MASTERCARD
 AMERICAN EXPRESS DINERS CLUB

Cardholders Name: _____

Card Number:

Expiry Date: CVV:

If paying annually or by credit card, please supply alternative banking details below for CLAIMS REFUND PURPOSES ONLY.

DEBIT ORDER DETAILS

Payment must be made on or before the 4th of each month. If two or more debit orders are returned, PetSure will not be held liable should the policy be automatically terminated or if claims incurred during this period are not paid.

Tick Appropriate Bank Account:

- Nedbank FNB Standard ABSA Investec

Other Bank used (if not mentioned above)/Other means of payment: _____

Account Number: _____

Account Holder: _____ Name of Branch: _____

Acc Type (Chq/Trsm/Savings): _____ Bank Branch Code: _____

Month of 1st Debit Order: _____

- 26th (for the next month) 1st 4th

I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen, including VAT at the ruling rate. **I may cancel this Debit Authorisation by giving one calendar month's written notice.**

Account Holder

Signature: X _____ Date: _____

I authorise any veterinary surgeon who has treated my horse to provide the Insurer with any details regarding my horse's health they may require.

I warrant that all the particulars and statements above are true and correct, and contain all the information known to me affecting the risks under the Sections 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 PetSure / The Hollard Insurance Company Limited.

Acceptance of this insurance for any horse is at the discretion of the underwriters. We reserve the right to decline acceptance of a horse, to vary the conditions on which the insurance is accepted and to vary the conditions and premiums at any time. Before completing the Application Form please ensure that you have familiarised yourself with our PetSure Equine Policy Document and the Terms and Conditions which can be found in the information provided on our website www.equinevetcover.co.za By completing and signing the Application Form you will be agreeing to PetSure Equine Terms and Conditions.

Policy Holder

Signature: X _____ Date: _____

Administered by



Underwriting Manager and Administrator
 PetSure (Pty) Ltd ("PetSure")
 Reg. No. 1991/007261/07
 Vat No. 4100135757
 Authorised Financial Services Provider
 Licence Number 9846
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