

**SHELTERCARE GIFT CONFIRMATION DOCUMENT**

Congratulations! Your newly adopted pet is now insured with the ShelterCare Gift insurance policy courtesy of Heart of the Valley Animal Shelter. Please read and confirm that you understand the following.

- I understand that the ShelterCare Gift insurance policy is limited to the specific named perils listed below and does not cover all illnesses and accidents that my pet may encounter.

Maximum Coverage Amounts

Coverage	Maximum Coverage Amount
Kennel Cough/Infectious Tracheobronchitis	\$500
Intestinal Parasites	\$500
Urinary Tract Infection (including FLUTD)	\$500
Upper Respiratory Tract Infection	\$500
Ear Infections	\$500
Mange/Mite Infection (skin/ears)	\$500
Canine Parvovirus/Feline Panleukopenia Infection	\$500
Foreign Body Ingestion Removal	\$500
Motor Vehicle Accident	\$500
Bone Fractures	\$500
Defined Poison Ingestion	\$500
Deductible	\$50 per incident

- I understand that any and all illnesses that were symptomatic, noted, or treated prior to the Coverage Effective Date 5/29/2008 of the ShelterCare Gift insurance policy are not covered.
- I understand that the ShelterCare Gift insurance policy is for 30 days only and will expire on 6/26/2008 unless I choose to continue or upgrade coverage.
- I understand that I can upgrade the ShelterCare Gift insurance policy within 10 days of today's date 5/27/2008 and apply an \$8.95 credit towards enrollment in another ShelterCare Pet Insurance Program.
- I confirm that I have received the Document of Insurance and ShelterCare Gift Welcome letter and I understand that I may be contacted by a ShelterCare Pet Insurance Program representative.
- I understand that the ShelterCare Gift insurance policy is a gift from Heart of the Valley Animal Shelter and that no costs are included in any fees paid by me.
- I declare that the information supplied is true and no material fact has been withheld.
- I understand that misrepresentation or non-disclosure will void the contract.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ShelterCare Gift Welcome Letter**



Tuesday, May 27, 2008

**xGO Live Entry XGo Live Entry**

**123496 I Luv Mikey Drive**

**OMAHA, NE 68104**

**ShelterCare Policy Number: SCPPNE00711493**

Congratulations, your decision to adopt Test Buddy has saved a homeless pet from an uncertain future.

Heart of the Valley Animal Shelter would like to thank you for adopting Test Buddy by giving you a ShelterCare Gift insurance policy. This ShelterCare Gift provides accident and illness protection for 30 days beginning at 12:01 am 5/29/2008 and ending at 12:00 am 6/28/2008.

Details of the coverage that has been provided for Test Buddy is outlined on your ShelterCare Gift - Document of Insurance, please read this document carefully. This letter will serve as notice of lapse of coverage on 6/28/2008 unless you call us at 1-866-375-7387 or go online to [www.sheltercare.com](http://www.sheltercare.com) to inform us of your decision to extend coverage.

We strongly advise you to consider continuing with a ShelterCare insurance policy to ensure that when Test Buddy is sick or hurt you are ready to provide the veterinary help that Test Buddy needs.

ShelterCare insurance options for you to consider continuing coverage which include:

- \*QuickCare Gold - Best value - Comprehensive accident and illness protection
- \*QuickCare Preferred - Most coverage- Comprehensive accident and illness protection
- \*QuickCare for Indoor Cats - Selected accident and illness protection for indoor cats
- \*QuickCare Plus for Cats- More coverage - Selected accident and illness protection for cats
- QuickCare - Selected accident coverage for cats and dogs
- QuickCare Senior - Selected accident and illness protection for geriatric pets
- TenantCare - Selected accident and illness protection for pets that live in rental accommodation

SPECIAL OFFER - choose to extend coverage within 10 days of this letter and we'll apply an \$8.95 credit towards Test Buddy's new ShelterCare insurance policy (applicable to those '\*' products above).

Regards

Licensed Insurance Agent

Encl.

Enclosed you will find your Document of Insurance, please take a few moments to carefully review this information. If you would like to see the full Terms and Conditions of your ShelterCare Gift please go to [www.sheltercare.com](http://www.sheltercare.com) or call 1-866-375-7387. The Policy Terms & Conditions will prevail.

Praetorian Insurance Company  
PetCare Insurance Agency, Ltd. \* PTZ Insurance Brokers Ltd.  
P.O. Box 2150 Buffalo, NY 14240 – 2150  
Toll Free: 1-866-375-7387 Fax: 1-866-369-7387 [www.sheltercare.com](http://www.sheltercare.com)





**PetCare**  
PET INSURANCE PROGRAMS

# Claim Form - ShelterCare Gift Policy



Policy# or ShelterCare Activation # : SCPPNE00711493

Adopted From: Heart of the Valley Animal Shelter

## Part 1 - To be completed by the policyholder (please print)

Policyholder: xGO Live Entry XGo Live Entry

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Type of Pet: Dog

Sex: Male Approximate Age: \_\_\_\_\_ Breed: Bichon Frise

To the best of my knowledge, the following statements are true in every respect and I have abided by all of the Policy Terms and Conditions. I understand that any misrepresentation or omission of any material fact can result in denial of the claim.

Signature of the Policyholder: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policyholder Checklist:	<input type="checkbox"/> To ensure faster service, please confirm that:
	<input type="checkbox"/> You have fully completed Part1.
	<input type="checkbox"/> You have included a detailed invoice for the condition(s) being claimed.
	<input type="checkbox"/> Your veterinarian has completed all sections of Part 2.

## Part 2 - To be completed by the Veterinary Clinic ONLY!

Please indicate the named accident or illness which was diagnosed and treated:

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| Foreign Body Ingestion Removal:            | <input type="checkbox"/> | Upper Respiratory Tract Infection:  | <input type="checkbox"/> |
| Motor Vehicle Accident:                    | <input type="checkbox"/> | Ear Infections (non-mite):          | <input type="checkbox"/> |
| Bone Fractures:                            | <input type="checkbox"/> | Sarcoptic & Demodectic Mange/Mites: | <input type="checkbox"/> |
| Defined Poison Ingestion (specify):        | <input type="checkbox"/> | Parvovirus/Feline Panleukopenia:    | <input type="checkbox"/> |
| Kennel Cough/Infectious Tracheobronchitis: | <input type="checkbox"/> |                                     |                          |
| Intestinal Parasites (specify):            | <input type="checkbox"/> |                                     |                          |
| Urinary Tract Infection (Including FLUTD): | <input type="checkbox"/> |                                     |                          |

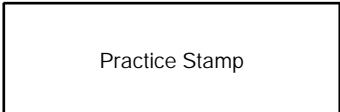
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date accident occurred or clinical signs of illness were first noted: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Has this pet received treatment for this accident/illness in the past?  Yes  No

If yes, where and when? \_\_\_\_\_  
Pet's Weight:  Kg Body Condition Score (BCS):  1-5 Scale (1=emaciated 5=Obese)  
 Lbs  1-9 Scale (1=emaciated 9=Obese)

Was this accident/illness fatal?  Yes  No  
Has this pet had all recommended physical examinations and vaccinations?  Yes  No  
Has the client paid the full balance for submitted invoices?  Yes  No

I confirm that to the best of my knowledge, the above statements are true in every respect.  
Signature of Attending Veterinarian: \_\_\_\_\_ D.V.M. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)  
Name of Veterinarian: \_\_\_\_\_



**Please forward completed claim form and receipts to:**  
**Sheltercare Pet Insurance Programs**  
**P.O. Box 2150**  
**Buffalo, NY 14240 – 2150**  
**Toll Free: 1-866-375-PETS Fax: 1-866-369-PETS (7387)**

(0015 ed 03 2007)

Reminder! A healthy pet is a happy pet and to ensure that your ShelterCare insurance policy remains in force, your pet must receive an annual physical exam by the licensed Veterinarian of your choice.

#### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### **Applicable in Arkansas, District of Columbia, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania, Tennessee, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In DC, LA, ME, TN and VA insurance benefits may also be denied.

#### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in the state prison.

#### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Applicable in Delaware, Florida and Idaho**

Any person who knowingly and with the intent to injure, defraud or deceive any Insurance company files a statement of claim containing any false, incomplete or misleading is guilty of a felony.\*

\* In Florida -Third Degree Felony

#### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

#### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

#### **Applicable Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

#### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

#### **Applicable in New Hampshire**

Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

#### **Application New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of a claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, ables, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.