

Claim Form

PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP EXPEDITE PROCESSING.

1 General Information

Please fill out this form completely. Incomplete forms will delay processing.

Your Information

Check here if this is a new address

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____

Pet Information

Account Number: _____
 Name: _____
 Breed: _____
 Age: _____ Gender: _____

2 Diagnosis/Symptom Information



HELP US! By providing the "Story of Occurrence/Diagnosis," you will help us avoid delays in processing your claim.

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it.

This claim is related to: Accident Illness Wellness
 Is this claim an estimate for future treatment? Yes No
 Total amount claimed: _____
 Date illness/injury first occurred: _____
 Send payment to: Me Veterinarian

Veterinarian: _____
 Clinic Name: _____
 Phone: _____ Fax: _____
 Did any other veterinarian treat your pet?: Yes No
 Is this a new condition?: Yes No

3 Pet Owner Declaration

I confirm to the best of my knowledge the above statements are true in every respect. I understand that the fees listed may not be covered or may exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize either Unites States Fire Insurance Company or Independence American Insurance Company and their respective administrators, where applicable, to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination, history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about me and my pet, as well as information about my claim experience, to my veterinarian.

Signature of Pet Owner: _____ Date: _____

Please read IMPORTANT NOTICE document that follows for additional information.

4 3 Easy Ways to Submit a Claim Form

You must submit an itemized invoice with this claim form.

E-Mail:
 claims@customer.spotpetins.com
scan and attach your receipts

Fax:
 1-866-888-2495
no cover sheet necessary

Mail:
 Spot
 1208 Massillon Rd
 Akron, Ohio 44306

* Please choose only one method. Duplicate claim submissions may delay processing.

Claim Form - You must submit an itemized invoice with this claim form.

How do I use my plan?

1. Visit any licensed veterinarian in the U.S. or Canada, including specialists and emergency clinics.
2. Pay the veterinarian directly for services.
3. Submit a claim form with itemized invoice for reimbursement.

It's easy to submit a claim! Here's a handy checklist:

- ✓ Fill out this form completely and sign it. You don't need your veterinarian's signature.
- ✓ Fax, mail or email your form with invoice(s) within 270 days of treatment.
- ✓ If you use email, just scan and attach the form and invoice(s).
- ✓ Include a copy of your pet's medical records to help expedite processing.
- ✓ Please use only one claim form per pet for each accident or illness.
- ✓ List your account number on all documents you send to us.


Track your claims and sign up for direct deposit.

You can check the status of your claims easily online by signing into our free Member Center at www.customer.spotpetins.com. In the Member Center, you can also sign up for direct deposit of claim payments. It'll save time and a trip to the bank! Just click on "My Payments."

You'll also be able to view your plan and update your payment method when it's convenient for you.

Share your pet's story!

We'd love to hear how Spot helped you and your pet. Send your story and a photo of your furry friend to us at www.customer.spotpetins.com.

 **NEED MORE CLAIM FORMS?**
Download forms at:
www.customer.spotpetins.com

Insurance products are underwritten by either Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254), or United States Fire Insurance Company (NAIC #21113. Morristown, NJ). Please refer to your policy forms to determine the underwriter for your policy. Insurance is produced by Spot Pet Insurance Services, LLC. (NPN # 19246385. 990 Biscayne Blvd Suite 603, Miami, FL 33132). CA License #6000188. PTZ Insurance Agency Ltd. (NPN: 5328528. domiciled in Illinois with offices at 1208 Massillon Road, Suite G200, Akron, Ohio 44306) is responsible for administration and claims adjudication. (California residents only: PTZ Insurance Agency Ltd., d.b.a PIA Insurance Agency Ltd. CA license #0E36937).

State Fraud Disclosures

June 2024



Alabama

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete or misleading information may be guilty of a felony.

Alaska

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

Arizona

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete or misleading information may be guilty of a felony.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California

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

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Connecticut

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete or misleading information may be guilty of a felony.

Delaware

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete or misleading information may be guilty of a felony.

District of Columbia (DC)

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Georgia

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete or misleading information may be guilty of a felony.

Hawaii

Attention Hawaii Claimants: 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.

Idaho

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete or misleading information may be guilty of a felony.

Illinois

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete or misleading information may be guilty of a felony.

Indiana

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Iowa

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Kansas

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a

claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Michigan

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Minnesota

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Mississippi

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Missouri

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Montana

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Nebraska

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Nevada

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

New Hampshire

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

North Carolina

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

North Dakota

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly and with the intent to defraud presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and with the intent to defraud presents material misstatements, misrepresentations, omissions, or concealments in an insurance application may be guilty of a crime and may be subject to fines and confinement in prison.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

Rhode Island

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

South Carolina

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

South Dakota

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Tennessee

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Texas

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Utah

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Vermont

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Wisconsin

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.

Wyoming

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, or makes any Claim for the proceeds of an insurance Policy containing any false, incomplete, or misleading information may be guilty of a crime.