



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:

Important Notice State-Specific Fraud Warnings

Please be advised that state-specific fraud warnings are provided on the following pages. We strongly recommend reviewing these notices carefully to ensure full understanding and compliance with all applicable state requirements.

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
P.O. Box 2330
Buffalo, NY 14240

* 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:

- ✓ Review your policy's terms and conditions as well as any benefit schedules to fully understand the coverage that is available.
- ✓ 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. Claims can also be submitted through our Member Center
- ✓ 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: spotpet.com/claims-form

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 P.O. Box 2330 Buffalo, NY 14240) 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

July 2025

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. Alabama Code § 27-12A-20

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. Alaska Stat. § 21.36.380

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. Arizona Revised Statutes § 20-466.03

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. Arkansas Ins. Code 23-66-503

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. California Ins. Code § 1879.2

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. Colorado Ins. Code 10-1-128(6)(a)

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. 11 DE Code § 913(b)

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. D.C. Code § 22-3225.09(d)

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. Fla. Stat. § 817.234(1)(b)

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. Idaho Ins. Code 41-1331

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. Indiana Ins. Code 27-2-16-3

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. Kentucky Ins. Code 304.47-030

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. Louisiana Ins. Related Laws: R.S. 40:1424

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. Maine Ins. Code 24-A s 2186

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. Maryland Ins. Code Ins. s 27-805

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. Minnesota Ins. Code 60A.955

New Hampshire

Any person who, with a 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." New Hampshire Ins. Code 402:82

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 Jersey Ins. Regulations NJAC 11:16-1.2 New Jersey Ins. Code 17:33A-6

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 Mexico Ins. Code 59A-16C-8

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. New York Ins. Code s 403

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. Ohio R.C. 3999.21

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. Oklahoma Ins. Code 36 s 3613.1

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. Pennsylvania Insurance Related Laws 18-4117

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. Rhode Island Ins. Code 27-29-13.3

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. Tennessee Ins. Code 56-53-111

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. Virginia Ins. Related Laws 52-40

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. Washington Ins. Code 48.135.080

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. West Virginia Ins. Code 33-41-3