

QUESTIONNAIRE · DOG, CAT & EXOTIC PET INSURANCE

Pet insurance questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. Several pets? Tell us, we combine them in a single study.

1. YOU

The policyholder.

Title : ☐ Mrs / Ms ☐ Mr First name : Last name :Date of birth : Marital status : ☐ Single ☐ Married / civil partnership ☐ Living with partner
☐ Divorced ☐ Widowed

Address : Postcode : Town :

Phone : Email :

Occupation : Status : ☐ Employee ☐ Self-employed ☐ Retired ☐ Student ☐ Not working

2. YOUR PET

The one you want to insure.

Species : ☐ Dog ☐ Cat ☐ Exotic pet (rabbit, ferret...) Pet's name :

Breed or cross : Pet's date of birth :

Sex : ☐ Male ☐ Female Neutered : ☐ Yes ☐ No Identification no. (microchip) :Category 1 or 2 dog (restricted breed) : Pet living in France : ☐ Yes ☐ No Number of pets to insure :
☐ No ☐ Yes ☐ Arrival planned

3. HEALTH AND INSURANCE

The pet's veterinary history.

Usual vet : Vaccinations up to date : ☐ Yes ☐ No

Past illnesses, accidents or operations :

Already insured : ☐ No ☐ Yes Current insurer : Current premium : € / month

4. YOUR NEEDS

Cover wanted : ☐ Eco ☐ Comfort ☐ Premium ☐ Advise me

Cover wanted : ☐ Accidents ☐ Illness ☐ Surgery and hospital stay ☐ Vet visits and medicines
☐ Prevention allowance ☐ Dental care ☐ Alternative medicine ☐ Accidental death

Reimbursement rate : ☐ 50 % ☐ 70 % ☐ 80 to 100 % ☐ Advise me **Annual limit wanted :** €

Start date wanted : ☐ As soon as possible ☐ Within a month
☐ At my current renewal ☐ Later

Target budget : € / month

Details, constraints or questions :

5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Health or vaccination record ☐ Identification card (I-CAD) ☐ Pedigree (LOF / LOOF) ☐ Terms of the current policy
☐ Bank details (IBAN)

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: **Date:**

The policyholder

Signature

For ASSUDIRE use

Received on · adviser · study reference