



### Questions?

Call us at 844-738-3446  
or email us at  
claims@figopetinsurance.com

1

#### Complete Your Claim Form

Please complete all information below. Don't forget to sign and date your claim form!

2

#### Send Us Your Claim Form and Itemized Invoice

To help us process your claim quickly: Email, fax or mail us this claim form, your itemized veterinary invoice, and include your pet's complete medical records if this is your first claim. **We are unable to process a claim without your pet's medical records.**

3

#### The Figo Team will then Process Your Claim

Our goal has always been to process your claim as quickly as possible. For repeat claims, we typically process the claim within 72 hours. First-time claims may take a little longer—between seven and ten business days, depending on when we receive all of your pet's medical records.

### Your Policy Information

Policy Number

Pet Name

Pet Parent Name

Email

Phone Number

### Veterinary Fees

Invoice Number

Amount being claimed \$

Veterinary Hospital Name

Has your pet been seen by another veterinary hospital? If yes, which hospital(s)?

Date when your pet first showed symptoms of this illness or injury

What was your pet treated for?

*Note: If this is the first claim for your pet, please ask your veterinary hospital to include a copy of your pet's complete medical history with doctor's exam notes and any laboratory results.*

#### Required Documents

☐ Itemized veterinary invoice

### Advertising & Reward

Invoice Number

Amount being claimed \$

Date and time your pet went missing (stolen or stray)

Did you notify the police and obtain a reference or case number?

☐ Yes ☐ No

Did you notify the 5 veterinary clinics or shelters nearest to where your pet was last seen?

☐ Yes ☐ No

Please describe the circumstances under which your pet went missing (stolen or stray)

Where was your pet last seen?  
(nearest address or intersection)

#### Required Documents

☐ Written confirmation from Police Department

☐ Proof of purchase of your pet

# CLAIM FORM

## Vacation Cancellation

Invoice Number \_\_\_\_\_

Amount being claimed \$ \_\_\_\_\_

Was your vacation booked  
28 days or more in advance?

☐ Yes ☐ No

Date when your pet first showed  
symptoms of this illness or injury \_\_\_\_\_

Please describe the circumstances under which your vacation was delayed / cancelled / interrupted

### Required Documents

☐ Certification from your treating vet that immediate life-saving treatment was needed

☐ Invoices and proof of payment for all travel and accommodations costs including explanation of benefits from any other insurance payments

## Declaration

**DECLARATION:** I certify with my signature below that the information provided is accurate to the best of my knowledge. I authorize any veterinary hospital or veterinarian to provide additional information about my pet to Figo Pet Insurance. I understand that missing information or delays in delivering the pet's medical records may delay the processing of my claim. Claims should be submitted as soon as practicable. Please see your policy for specific requirements.

Policyholder Signature \_\_\_\_\_

Date \_\_\_\_\_

## Submit your Claim Form and Invoice



### Email

claims@figopetinsurance.com



### Fax

1-773-966-0769



### Regular Mail

Figo Pet Insurance  
540 N. Dearborn #10873  
Chicago, IL 60610

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.