



Pumpkin Insurance Services
PO Box 307 Broadway, NJ 08808-0307

Instructions for Pumpkin claim form

Please complete this form to file a claim with Pumpkin.

1. Fill out the fields below, sign and date the form.
2. Attach an itemized invoice. If you haven't provided your pet's medical records, attach them to this claim. Providing medical records can help expedite the processing of accident & illness claims.
3. Return the form and documentation to the following address or email:

Mailing Address:

Pumpkin Insurance Services
PO Box 307 Broadway,
NJ 08808-0307

Email Address:

claims@pumpkin.care

1. What type of claim are you submitting?

Insurance claim (Accident)

I'm submitting a claim for reimbursement for my pet's accident-related veterinary expenses.

Insurance claim (Illness)

I'm submitting a claim for reimbursement for my pet's illness-related veterinary expenses.

Preventive essentials claim

I'm submitting a claim to get a refund for routine care covered by my pet's Preventive essentials wellness package.

2. Pet parent information

First & last name:

Test User

Street address:

Phone number:

(555) 123-4567

Apt./Floor:

City:
Los Angeles

Email:

test@example.com

State:

CA

Zipcode:

90210

3. Pet Information

Pet name:

Fluffy

Pumpkin account number:

PUMP12345

Breed:

Golden Retriever

Age:

5 years

Pumpkin Pet Insurance policies do not cover pre-existing conditions. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For full terms, visit [pumpkin.care/insurancepolicy](#). Products and rates may vary and are subject to change. Discounts may vary and are subject to change. Insurance products are underwritten by either Independence American Insurance Company (NAIC #26581). A Delaware insurance company headquarters 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 administered and produced by Pumpkin Insurance Services Inc. ("Pumpkin") (NPN #19084749; Domiciled in New York with offices at 432 Park Avenue South, Floor 12, New York, NY 10016; CA License #6001617). Pumpkin is a licensed insurance agency, not an insurer, and receives compensation based on the premiums for the insurance policies it sells. For more details, visit [pumpkin.care/underwriting-information](#). Pumpkin Preventive Essentials is not an insurance policy. It is offered as an optional add-on non-insurance benefit. Pumpkin is responsible for the product and administration. For full terms, visit [pumpkin.care/customeragreement](#). Pumpkin Preventive Essentials is not available in all states.

4. Vet information

Veterinarian & clinic name:

Test Animal Hospital

Street address:

Phone number:

Apt./Floor:

City:

Email:

State:

Zipcode:

5. Claim information

Total amount claimed:

\$250.00

Date illness/injury first occurred:

11/15/2024

Is this a claim an estimate for future treatment?

Yes

No

Occurrence/diagnosis story -

Please describe this incident, including details, and symptoms leading up to it. This helps us expedite claims processing.

Office Visit, Blood Work, X-Ray

6. Pet parent 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 received and read the applicable Important Notice about insurance fraud on the following pages. I authorize United States Fire Insurance Company, Pumpkin Insurance Services, Inc. and its business partners 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.

Pet parent signature:

Date: 12/04/2025

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