













**SECTION 9: Care, Custody and Control of Animals including Animals in Transit - continued**

Do you refuse admittance if animals are suspected of any infectious/contagious disease? Yes  No

Has any Insurer ever declined, cancelled, increased premiums or imposed special conditions due to adverse claims experience on any previous Veterinary Fees Policy held by you? Yes  No

(If Yes, please give details)

Have you held this type of insurance cover before? Yes  No

Have you or any Insurer paid for any veterinary treatment or incurred damage during transit in the past 24 months? Yes  No

(If Yes, please state gross amount paid in claims:) Year 1 £  Year 2 £

**PAYMENT**

Please confirm your preferred method of payment : **Credit Card**  **Debit Card**  **Cheque**  **Monthly Direct Debit**   
*2% Administration Charge will apply* *Payable over 10 months interest free (0% APR )*

**HOW WE USE PERSONAL INFORMATION**

**How the Scheme Administrator uses personal information**

Brooks Braithwaite (Sussex) Limited are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our Privacy Policy - [www.brooksbraithwaite.com/privacy-policy-legal-notice/](http://www.brooksbraithwaite.com/privacy-policy-legal-notice/). If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

**How Allianz use personal information**

For information about how Allianz Insurance plc use your personal data, you can find a copy of the Fair Processing Notice at [www.allianz.co.uk](http://www.allianz.co.uk). Alternatively, you can request a printed version by calling 0330 102 1837, by email [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk) or by writing to the Data Protection Officer, Allianz, 57 Ladymead, Guildford, Surrey GU1 1DB.

**For sections 1 to 8 of this policy, Pen Underwriting Ltd act as underwriting agent for a consortium of Insurers noted under the 'Identity of Insurers' notice'.**

**How Pen Underwriting use personal information**

Pen Underwriting Limited are the data controller of any personal information you provide to Pen Underwriting or personal information that has been provided to Pen Underwriting by a third party. Pen Underwriting collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

Pen Underwriting may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see Pen Underwriting's Privacy Policy - <https://www.penunderwriting.co.uk/Privacy-and-Cookies>. If you are providing personal data of another individual to Pen Underwriting, you must tell them you are providing their information to Pen Underwriting and show them a copy of this notice.

**DECLARATION**

**Important information we need to know about**

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable. If you are in any doubt at all regarding any of the answers you have given, you should contact Brooks Braithwaite (Sussex) Ltd.

You must tell us as soon as you become aware of any changes to the information provided by you after you purchase your policy and during the period of your policy.

**Declaration**

I/We declare that the information I/we have given in this application is a fair presentation of the risk to Underwriters. I/We understand that if this duty is deliberately or recklessly breached, Underwriters may regard the Policy as void and are not required to return any paid premium.

I/We understand that if such a breach occurs, but was not deliberate or reckless, Underwriters' remedy shall depend upon what Underwriters would have done if I/We had complied with the duty of fair presentation:

1. Underwriters may regard the Policy as void if Underwriters would not have entered into the policy on any terms in the absence of the breach. In this case, Underwriters will return the premium paid.
2. If Underwriters would have entered into the Policy, but on different terms (other than terms relating to premium) the Policy will be treated as if those different terms applied from the outset, if Underwriters so require.
3. If Underwriters would have entered into the Policy but would have charged a higher premium Underwriters may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims).

**DECLARATION - continued**

(If multiple proposers then all must sign)

Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
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