

# CLAIM FORM



## Questions?

Call us at 844-738-3446  
or email us at  
records@ifigo.com

### Complete Your Claim Form

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

### 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. Electronic submission of claims and your terms and conditions are available through your petcloud. Remember to review your policy's terms and conditions as well as any benefit schedules to fully understand the coverage available. **We are unable to process a claim without your pet's medical records.**

### 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 Parent Name

Phone Number

Pet Name

Email

## 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

## Boarding Kennel & Cattery Fees

Invoice Number \_\_\_\_\_ Amount being claimed \$ \_\_\_\_\_

Hospital admitted and discharged dates \_\_\_\_\_ How many days were you in the hospital? \_\_\_\_\_

Please describe the reason you were admitted to the hospital

### Required Documents

- Certification of hospitalization from your doctor
- Licensed Kennel or Cattery invoice and proof of payment

## Loss Due to Theft or Straying

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)

### Required Documents

- Written confirmation from Police Department
- Proof of purchase of your pet

You must, if your pet is found or returned to you, repay the full amount we have paid to you under this benefit.

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

## Mortality Benefit

Invoice Number \_\_\_\_\_ Amount being claimed \$ \_\_\_\_\_

Was your pet euthanized?  Yes  No If yes, was it suggested by your vet?  Yes  No

Please detail the circumstances of your pet's passing

### Required Documents

- Vet's verification of death
- Proof of purchase of your pet
- Cremation and/or burial facility invoices and proof of payment

# 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

records@ifigo.com



Fax

1-773-796-4907



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.

Important Notice

State-Specific Fraud Warnings

Please be advised that state-specific fraud warnings are provided on the following page.

We strongly recommend reviewing these notices carefully to ensure full understanding and compliance with all applicable state requirements.

# 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