

Named Insured: _____ Policy Number: _____

K-9 QUESTIONNAIRE

This information must be completed for each and every dog that you or a resident of your home(s) owns, keeps or cares for.

Please be advised that the failure to disclose or accurately provide this information may impact the coverage provided by your policy.

Number of dogs _____

Name of all dogs _____

Breed of all dogs. If "mixed breed" please indicate all breeds within mix : _____

Age of all dogs _____

Have all dogs been spayed or neutered? Y/N _____

How long have you owned the dogs? _____

Have any of the dogs ever bitten anyone? Y/N If yes, please explain: _____

Have any of the dogs exhibited any aggressive or protective behavior? Y/N If yes, please explain: _____

Any training? Y/N If yes, what type? _____

AKC certificates? Y/N _____

Where are the dogs kept during the day? _____ night? _____

When outside, how are the dogs restrained? _____

Are all local leash laws followed? Y/N

Are there any schools or playgrounds within one block of your home(s)? Y/N

How were the dogs acquired? Breeder/pet store/other _____

Are there children in the home with the dogs or are the dogs normally around children? Y/N

If yes, explain and provide the children's ages _____

I certify that the information above is true and correct to the best of my knowledge and belief.

Insured's Signature: _____ Date: _____