



# PET PROTECTION PAK

## Dog Liability Insurance Application

Canine Owner's Name: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Are you permanently employed, retired, or a student? Yes / No

### Amount of Insurance:

Select limits (per accident/aggregate)

\_\_\_\_\_ \$25,000/\$25,000 \_\_\_\_\_ \$50,000/\$50,000

\_\_\_\_\_ \$100,000/\$100,000

Other: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_

Dog's Gender: Male / Female

Dog's Age: \_\_\_\_\_ Spayed/Neutered: Yes / No

Dog's Weight in Pounds: \_\_\_\_\_

Years Owned the Dog: \_\_\_\_\_

Color(s) of Dog: \_\_\_\_\_

Registration Tag Number: \_\_\_\_\_

Microchipped: \_\_\_\_\_

Years Experience owning dogs: \_\_\_\_\_

Current Rabies Vaccination: Yes / No

Has dog Bitten a human? Yes / No

# of bites to Adult(s): \_\_\_\_\_ # of Bites to Children: \_\_\_\_\_ How many times has the dog bitten? \_\_\_\_\_

Describe bite(s), date(s) & location(s) : \_\_\_\_\_

Has your dog been involved in any animal liability claim(s): Yes/ No Deemed Dangerous? Yes / No

If Yes, how many liability claims was dog involved in? \_\_\_\_\_

If Yes, provide date(s), time(s), & location(s): \_\_\_\_\_

Is your Home: Owned / Rented Home is: Apartment / Duplex / Condo / Townhouse / House

Does Home have a Yard? Yes/ No Is there a kennel or secured area for dog: \_\_\_\_\_

Is Yard completely fenced around with a latched gate? Yes/ No Height of fence/wall: \_\_\_\_\_ ft.

Do you have an electric fence surrounding the whole property where dog resides? Yes / No

Has the dog passed a temperament test by American Temperament Testing Society? Yes / No

Has the dog passed the "Good Citizen Test"? Yes / No

Please include copy of most recent license held by dog.



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How many hours per day ON AVERAGE will dog be alone at one time? \_\_\_\_\_ hours

Are warning signs posted about dog: Yes / No # of signs posted: \_\_\_\_\_

Other pets not to be insured: \_\_\_\_\_ Children in the home & ages: \_\_\_\_\_

Do you conduct business from your home: \_\_\_\_\_

Is coverage required by municipality, contract or ordinance: \_\_\_\_\_

Is Off Premises Coverage Required: Yes / No

Is dog used for anything other than personal pet: Yes / No Please describe: \_\_\_\_\_

Has dog received training by a professional trainer? Yes/ No

Is dog trained and used for Search & Rescue? Yes / No

Is dog trained and used as a Therapy dog? Yes / No

Is dog trained and used as a Service/Assist dog? Yes / No

Name and Address of Trainer: \_\_\_\_\_

Is a Certificate of Insurance needed: Yes/ No

Does Certificate Holder need to be listed as an additional insured interest? Yes / No

Name and Address of Certificate Holder: \_\_\_\_\_

Certificate Holder/Additional Insured interest is:

- \_\_\_\_ Landlord  
\_\_\_\_ Animal Control  
\_\_\_\_ Other (please explain) \_\_\_\_\_

Separate policy for each dog: \_\_\_\_ Yes / \_\_\_\_ No

Please include copy of most recent license held by dog.