

Assurant Specialty

222 South 15th Street Suite 600S
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800 365 0398
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DOG QUESTIONNAIRE

- ◆ Breed of Dog _____
 - ◆ Sex of Dog _____ Male _____ Female _____ Spayed/Neutered
 - ◆ Approximate Weight _____
 - ◆ How Long Owned/Maintained by Insured/Tenant _____
 - ◆ Dog's Age _____
 - ◆ Where is dog Kept _____ Inside Dwelling _____ Outside Dwelling
 _____ Run/Chain _____ Other _____
 - ◆ Is the Dog Restrained when Outdoors
 _____ No
 _____ Yes, how & when _____
 - ◆ Has the Dog Been Trained for
 _____ Security _____ Hunting
 _____ Show _____ Other _____
 - ◆ Has the Dog ever Bitten anyone _____ Yes _____ No
 - ◆ Any past or present claims against the dog _____ Yes _____ No
 If yes, give details _____
 - ◆ Does the Dog appear aggressive _____ Yes _____ No
 - ◆ Is the Dog current with Rabies Shot _____ Yes _____ No
 - ◆ Is Dog on any Behavior modification programs or Medication _____ Yes _____ No
 - ◆ Remarks if any _____
 - ◆ Insured's Signature _____ Date _____
 - ◆ Agency _____
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