

DOG SUPPLEMENT

POLICY #: _____ **DATE:** _____

AGENCY: _____

INSURED: _____

1. Breed of dog? (If mixed, list %) _____

2. Male ☐ **Neutered** ☐
Female ☐ **Spayed** ☐

3. Age of dog? _____

4. How long owned by insured? _____

5. Is the dog restrained when outdoors? ☐ No ☐ Yes

If yes, how and where? _____

6. Any health problems? ☐ No ☐ Yes

If yes, explain: _____

7. Any biting incidents committed by this dog? ☐ No ☐ Yes

If yes, explain: _____

8. Is the dog aggressive or overly protective? ☐ No ☐ Yes

If yes, explain: _____

9. Any children in the household? ☐ No ☐ Yes **Ages** _____

REMARKS: _____

Agent or Insured's Signature