Assurant Specialty
222 South 15th Street Suite 600S
Omaha NE 68102
800 365 0398
Fax 402 516 7108

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_____