

BROWNYARD GROUP

- | |
|---------------------------------------|
| <input type="checkbox"/> New Business |
| <input type="checkbox"/> RENEWAL |

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723 • info@brownyard.com

NOTE: All Questions Must Be Answered



CANINE MORTALITY LIABILITY APPLICATION

1. NAME: _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

2. Physical Address: _____
NO. STREET CITY COUNTY STATE ZIP

3. Mailing Address: _____
NO. STREET CITY COUNTY STATE ZIP

4. Policy proposed effective date _____ to _____ (12:01 AM Standard Time at the address above)

5. Phone: _____ Fax: _____

6. Email: _____ Website: _____

7. How did you hear about us? Web surfing Ad in which publication: _____ Other: _____

8. Are any animals leased? Yes No If yes, attach copy of lease.

9. With whom are animals kept (owner/handler/trainer)? Give name, address and telephone number details, etc.:

10. Has any company canceled or refused to renew your coverage? Yes No If yes, give date and reason for action(s): _____

11. Are you insuring any other canines with another company? Yes No If yes, how many? _____
How are they used (provide details): _____

12. Name, address, telephone number & license number of your regular vet.

13. How long have you used this vet? _____ Yrs _____ Months

14. Values based on: _____ Appraisal _____ Private Purchase _____ Show
_____ Other (attach justification of value) _____ Police Training (State: _____)

15. Are you the sole owner? Yes No If no, please indicate parties & interest: _____

16. Are animals now insured? Yes No Previously insured? Yes No If yes to either, what company

and amount insured \$ _____

17. Name of training organization if trained for a specific purpose: _____

18. Are canines licensed if required by your state? Yes No

19. Schedule of canines to be considered for insurance:

Name of animal	Lic #, reg. #, tattoo #, microchip #	Breed	Sex	D.O.B.	Use	Purchase price & insured amount*

* If insured amount is different from purchase price please provide justification of value.

** If over five (5) canines please attach separate schedule.

*** Current veterinarian certificate required for full mortality which must be dated within 10 days of inception.

20. Date of last heartworm check: _____

21. Are dogs currently on heartworm preventative? Yes No

22. Has each dog had each of the following vaccinations: Yes No Most recent date given:

DHL/DA2PL: _____ Parvo: _____

Corona: _____ Rabies: _____

23. Have any of your dogs ever seized? Yes No If yes, explain: _____

24. Do any of the dogs have collie eye, PRA or CPRA? Yes No

25. Have dogs ever been treated for any accident, illness, or lameness? Yes No If yes, give date and description of treatment: _____

26. Remarks: _____
