

Canine Disclosure Questionnaire

Dear Insured:

Please complete and sign the following questionnaire and return it to Great Lakes Mutual Insurance Company. We appreciate your assistance in updating our records for your policy.

FAILURE TO RESPOND TO THIS UNDERWRITING REQUEST WILL INITIATE CANCELLATION OF YOUR POLICY.

INSURED NAME (PLEASE PRINT)

STREET ADDRESS / CITY / STATE / ZIP CODE

POLICY NUMBER

EFFECTIVE DATE

Do you currently own or are you in the care, custody or control of a dog?

Yes If Yes, number of dogs _____

No If No, please **sign and date** page 2 of this form

If yes, please answer the following questions for each dog (use page 2 for additional dogs):

	DOG 1	DOG 2	DOG 3
Name of Dog:	_____	_____	_____
Breed of Dog: (If mixed, list breeds)	_____	_____	_____
Age of Dog:	_____	_____	_____
Weight of Dog:	_____	_____	_____
Color of Dog:	_____	_____	_____
Is dog AKC Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has dog ever bitten anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dog current with vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dog currently licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please see page 2 to complete questionnaire.

Canine Disclosure Notice

I attest that the information I have provided is true and accurate.

I understand that I am responsible to notify Great Lakes Mutual Insurance Company (ie. the Company) **immediately** should I obtain ownership of a canine or retain care, custody or control of a canine.

I further understand that if I do not directly notify and receive confirmation from the Company that liability and medical coverage will not apply to bodily injury or property damage arising out of the direct physical contact with a canine that is owned by or in the care, custody or control of an "insured" as defined in my policy.

 INSURED NAME (PLEASE PRINT)

 INSURED PHONE NUMBER

 INSURED SIGNATURE

 DATE (MONTH / DAY / YEAR)

Canine Disclosure Questionnaire

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	DOG 4	DOG 5	DOG 6
Name of Dog:	_____	_____	_____
Breed of Dog: (If mixed, list breeds)	_____	_____	_____
Age of Dog:	_____	_____	_____
Weight of Dog:	_____	_____	_____
Color of Dog:	_____	_____	_____
Is dog AKC Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has dog ever bitten anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dog current with vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dog currently licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No