



ANIMAL INFORMATION STATEMENT

Named Insured: _____

Policy / Certificate #: _____

Does insured or tenant have any animals or exotic pets on premises: ___ Yes ___ No

If 'Yes', please specify : _____

Breed(s) of dog(s) on Premises: _____

Temperament of dog(s) on Premises: _____

Any bite history of dog(s): _____ Yes _____ No

If "Yes", Please explain: _____

Insured's signature

Date