

### Canine Disclosure Notice

If Yes, number of dogs \_\_\_\_\_

Please answer the following questions for each dog:

	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

**If you have more than three (3) dogs please continue with others on the back of this page.**

I understand that I am responsible to **immediately** notify Great Lakes Mutual Insurance Company (i.e. the Company) should I obtain ownership of another canine or retain care, custody or control of another canine, regardless of the period of time which may occur.

I further understand that liability and medical coverage will not apply to bodily injury or property damage arising out of the direct physical contact with another canine owned or in the care, custody or control of an "insured" as defined in my policy if I have not **directly** notified the Company and received acknowledgement from the Company.

\_\_\_\_\_  
 INSURED NAME (PLEASE PRINT)

\_\_\_\_\_  
 INSURED SIGNATURE

\_\_\_\_\_  
 DATE (MONTH / DAY / YEAR)