LEXINGTON INSURANCE COMPANY
PET QUESTIONNAIRE

NAMED INSURED: _____

POLICY NUMBER: _____

BREED OF DOG: _____

AGE OF DOG: _____ *LENGTH OF TIME OWNED* _____

WEIGHT: _____

IS THE DOG KEPT IN A COMPLETELY FENCED YARD? _____ _____
YES *NO*

IS THE DOG WALKED ON A LEASH? _____ _____
YES *NO*

IS THE DOG ALLOWED TO RUN LOOSE? _____ _____
YES *NO*

HAS THE DOG HAD OBEDIENCE TRAINING? _____ _____
YES *NO*

HAS THE DOG EVER BITTEN ANYONE OR CAUSED ANY TYPE OF PROPERTY DAMAGE? _____ _____
YES *NO*

** IF YES, PLEASE EXPLAIN:*_____

_____

_____

IS THE PET AN ANIMAL OTHER THAN A DOG? IF YES, PLEASE EXPLAIN WHAT TYPE OF ANIMAL AND ANSWER THE QUESTIONS ABOVE:

_____

SIGNATURE OF THE OWNER: _____

*DATE:*_____