Gorst & Compass
INSURANCE
WWW.GORSTCOMPASS.COM

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: _____