

Animal Liability Questionnaire
(\$100,000 of coverage and under)

Full Name _____
Phone Number _____
E-mail _____
Physical address _____
Animal name(s) _____
Breed(s) _____
Spayed or Neutered? Yes No
Weight(s) _____
Age(s) _____
Color(s) _____
Years Owned _____

Microchipped Yes No
Bit a Child Yes No
Bit an Adult Yes No
Registration Tag Number _____

Rabies Vaccination Yes No
Have you had a liability claim before? Yes No
Do you **RENT** or **OWN** (select one)
Do you live in a (select one):
 House Apartment Condo Duplex/ Townhome
Do you have a kennel or secured area for your dog/s? Yes No
Has animal/s shown aggression or had any public incidents? Yes No
Are there other pets in the home which are not insured? Yes No
Are their children in the home? Yes No
 If yes, please list number of children and their age's

Do you conduct business from your residence? Yes No
Is coverage required by any municipality, contract, or ordinance?
 Yes No
 If yes, please explain

Please return to Beth DeLaForest at
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www.bethdelaforest.com * www.aspireinsurancegroup.com
www.doggoneinsurance.com