



# CANINE APPLICATION

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NAMED INSURED	PHONE	REQUESTED DATE
ADDRESS	FAX	
CITY STATE ZIP	E-MAIL / WEB ADDRESS	

<b>1</b>	NAME	SEX	D.O.B.	PURCHASE PRICE
	BREED	EXACT USE		AMOUNT INSURED
<b>2</b>	NAME	SEX	D.O.B.	PURCHASE PRICE
	BREED	EXACT USE		AMOUNT INSURED
<b>3</b>	NAME	SEX	D.O.B.	PURCHASE PRICE
	BREED	EXACT USE		AMOUNT INSURED

OPTIONAL COVERAGES    Veterinary     Disability

If not sole owner, list others, percentage of ownership, and whether their part is to be insured.

<b>1</b>		%	Y	N
<b>2</b>		%	Y	N
<b>3</b>		%	Y	N

With whom are animals kept? Give Name & City.

<b>1</b>		Owner	Handler	Trainer
<b>2</b>		Owner	Handler	Trainer
<b>3</b>		Owner	Handler	Trainer

Are animals now insured? Y N    Previously insured? Y N    What company and amount? \_\_\_\_\_

Has any company cancelled or non-renewed your coverage? Y N    Give date and reason:

Have any animals of yours died in the last 3 years? Y N    Details:

Are you insuring animals with another company? Y N    Details:

Usual Veterinarian's \_\_\_\_\_ Phone \_\_\_\_\_

Name & Address \_\_\_\_\_ Fax \_\_\_\_\_

For theft coverage, give location and number of tattoo or name of microchip registry:

**1** \_\_\_\_\_ **2** \_\_\_\_\_ **3** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### WORKING DOG INFORMATION

Were dogs imported?	1) Y N	2) Y N	3) Y N
Where were dogs trained?	1)		
	2)		
	3)		
Are they in regular retraining program?	1) Y N	2) Y N	3) Y N
Name of certifying organization:	1)		
	2)		
	3)		
Dogs are certified on: P=patrol D=drugs T=tracking A=arson B=bombs C=cadaver	1)		
	2)		
	3)		
Is this handler's first dog?	1) Y N	2) Y N	3) Y N
Are dogs transported in crash-proof crates?	1) Y N	2) Y N	3) Y N

### HEALTH QUESTIONS (to be answered by the Insured)

Are dogs currently on heartworm preventative?	1) Y N	2) Y N	3) Y N
Any accident, illness, lameness treated?	1) Y N	2) Y N	3) Y N
If so, describe:			

### VETERINARIAN'S EXAMINATION

	1	2	3
1 Is there any respiration problem?	Y N	Y N	Y N
2 Any eye problems?	Y N	Y N	Y N
3 Any heart problem (i.e., enlarged)?	Y N	Y N	Y N
4 Any evidence of stenosis or other murmur?	Y N	Y N	Y N
5 Any history or evidence of bloat?	Y N	Y N	Y N
6 Have any operations been performed?	Y N	Y N	Y N
7 Has any dog been ill in the past 12 months?	Y N	Y N	Y N
8 Any likelihood of future impairment due to 6 or 7?	Y N	Y N	Y N
9 Any lameness, unsoundness, faulty conformation?	Y N	Y N	Y N
10 Any past breeding or whelping problems?	Y N	Y N	Y N
11 If male, any problems with testicles?	Y N	Y N	Y N
12 Any skin or coat problems?	Y N	Y N	Y N
Comments:			

VETERINARIAN'S SIGNATURE

DATE