



**CANINE GRADUATE
APPLICATION**
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FAX 859-224-3486

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

D O G	NAME	SEX	D.O.B.	PURCHASE PRICE
	BREED	EXACT USE		

OPTIONAL COVERAGES: Veterinary ____ Disability ____

For Theft coverage, give microchip registry or tattoo location _____

Is this the first dog you have handled? Y N How is dog to be transported? Auto ____ Van ____ SUV ____

 Custom interior ____ Bolt-in cage ____ Other (describe) _____

Describe any losses in last 3 years _____

Is dog leased? Y N If Yes, explain: _____

<i>I understand this is an application only and no coverage applies until approved by the company.</i>			
_____	_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Position</i>	<i>Date</i>

TO BE COMPLETED BY TRAINER

Was dog imported? Y N Is dog currently on heartworm preventative? Y N

Any illness or lameness treated? Y N If Yes, describe _____

Dog is certified on (circle all that apply) Patrol Drugs Tracking Bombs Arson Cadavers SAR

Name of certifying organization _____

KENNEL NAME	CITY
ADDRESS	STATE / ZIP
E-MAIL	
<i>Signature</i>	<i>Date</i>