



**CANINE RENEWAL
APPLICATION**
www.ClassicOnWeb.com
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CLASSIC INSURANCE
P.O. BOX 4453
LEXINGTON KY 40544
800-292-9070 / 859-223-7700
FAX 859-224-3486

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

1	NAME	SEX	D.O.B.	
	BREED	EXACT USE		AMOUNT INSURED
2	NAME	SEX	D.O.B.	
	BREED	EXACT USE		AMOUNT INSURED
3	NAME	SEX	D.O.B.	
	BREED	EXACT USE		AMOUNT INSURED

OPTIONS: Veterinary Disability

1	Any change in ownership or lease?	Y N	Y N	Y N
2	Are any certifications not up to date?	Y N	Y N	Y N
3	Any additional certifications on dogs?	Y N	Y N	Y N
4	Are any dogs not currently on heartworm preventative?	Y N	Y N	Y N
5	Has any accident, illness, or lameness been treated?	Y N	Y N	Y N
6	Do you want any changes in coverage?	Y N	Y N	Y N

Please describe all "Y" answers below.

Dog #__ Question #__:

If any dog has been sick or injured during this policy period, a vet exam will be necessary. Call Classic to request a vet form, or go to www.ClassicOnWeb.com/download.htm and click on "Dog VC"

_____	_____	_____	_____
Name	Signature	Position	Date