

PREFERRED MUTUAL INSURANCE COMPANY

DOG SUPPLEMENT

POLICY #: _____ **DATE:** _____

AGENCY: _____

INSURED: _____

1. Breed of dog? (If mixed, list %) _____

2. Male _____ Neutered _____
Female _____ Spayed _____

3. Age of dog? _____

4. How long owned by insured? _____

5. Is the dog restrained when outdoors? No _____ Yes _____

If yes, how and where? _____

6. Any health problems? No _____ Yes _____

If yes, explain: _____

7. Any biting incidents committed by this dog? No _____ Yes _____

If yes, explain: _____

8. Is the dog aggressive or overly protective? No _____ Yes _____

If yes, explain: _____

REMARKS: _____

Agent or Insured's Signature