



**PRAETORIAN INSURANCE
COMPANY**

**CANINE
APPLICATION**

1068 Wellington Way
Lexington, KY 40513
859-223-6728 P/ 859-223-6732 F
brooke@equirisk.com

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

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

1		%	Y N
2		%	Y N
3		%	Y N

With whom are animals kept? Give Name & City.

1		Owner	Handler	Trainer
2		Owner	Handler	Trainer
3		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 _____
CMAPPW 0412

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 V=vermin A=arson B=bombs C=cadaver S=SAR	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
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