

SECURITY MUTUAL GROUP



SECURITY
MUTUAL
INSURANCE
COMPANY

Established 1887

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SECURITY
COOPERATIVE
INSURANCE
COMPANY

Established 1910

DOG QUESTIONNAIRE

Named Insured: _____

Policy No.: _____

Address: _____

Has/have the dog(s) ever bitten, nipped, or shown vicious propensities? Yes ___ No ___

Has/have the dog(s) been trained to guard or attack people, property,
or other animals? Yes ___ No ___

Has/have the dog(s) been designated as "dangerous dog(s)" by a
legal authority? Yes ___ No ___

If yes to any of the above, please explain: _____

Is(are) dog(s) male or female? _____ Is the dog spayed or neutered? Yes ___ No ___

Name(s): _____ Age(s): _____

Weight of dog(s): _____ Breed(s) (for identification purposes only): _____

Color/markings: _____

Up to date with inoculations? Yes ___ No ___ Licensed? Yes ___ No ___

How long have you owned this/these dog(s)? _____

Where is/are the dog(s) kept? _____

Kindly provide a photo of each dog (for identification purposes only)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Insured

Date

July 2023