



Date

**Insured Name and Address:**

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**Agent Name & Number:**

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Dear Policyholder:

We are in the process of reviewing and updating information in our policy files. To ensure that we have current and correct information regarding your policy, please take a few minutes to provide the information requested below and return the form in the enclosed postage-paid envelope.

Please provide the following information:

What is the BREED or the predominant MIX OF BREED? (for example: Golden Retriever, or Collie/Lab mix)

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Has the dog(s) ever bitten anyone? \_\_\_ **YES** \_\_\_ **NO**

If yes, please explain the incident:

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Has your dog(s) been professionally trained? \_\_\_ **YES** \_\_\_ **NO**

If yes, what type of training?

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If you have any questions regarding the information outlined above, please contact your agent.

**Please see the other side**



**Failure to provide the information requested may result in the nonrenewal or cancellation of your policy.**

**ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES.**

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date

Authorized Representative  
Palisades Insurance Company  
Palisades Safety and Insurance Association

**DQ ED 08-11**

Insurance offered by Plymouth Rock Management Company of New Jersey under the brand name Plymouth Rock Assurance.  
Policies underwritten by Palisades Safety and Insurance Association, Palisades Insurance Company and  
Palisades Property and Casualty Insurance Company.