

VI. Amount of Damages Claimed for Each Animal (This amount is limited to \$10,000 for each domestic animal and must be consistent with the information provided in Section III of this application). Include proof of value by providing bills of sale for similar animals sold or purchased; proof of show winnings or national champion status. For injuries and not a killed animal, include copies of vet bills and receipts for medications.

INSURANCE INFORMATION

Consistent with the provisions of section 706(i) of the Dog Law, no payment shall be made for any claim which has already been paid by the claimant’s insurance carrier. In addition, the claimant must certify to the Department that he has not received payment for any damages claimed under this section from any person. (3 P.S. 459-701(i))

The Dog Law is the payer of the last resort. The claimant shall make application to his insurance company. Where payment is received from the insurance company or the owner of the offending dog, no payment shall be due from the Department. If payment is received from an insurance company or offending dog owner after payment has been made from the Department, the claimant shall reimburse the Department in the amount of that payment.

A claim denial from your insurance carrier will be required if you carry insurance but this is not a covered loss under your policy.

The Claimant shall provide the Department with the following information.

DAMAGE CLAIM INSURANCE INFORMATION

Insurance Company Name _____

Insurance Company Address _____

Insurance Policy Number _____

Insurance Agent Name _____

Insurance Agent Phone Number _____

Claimant's Name (**Legible Print**)

Claimant's Signature

Claimant's Address and Phone Number

Date

Applicant Certification of Statements and Information Set Forth In This Damage Claim Application

The applicant certifies, represents and warrants to the Pennsylvania Department of Agriculture, Bureau of Dog Law Enforcement, that all of the above statements and information are true and correct to the best of his or her knowledge and that the claim filed meets all eligibility requirements set forth in the Act and Regulations.

The applicant further certifies and affirms that he or she has made application to his or her insurance company and has been denied and received no payment from the claimant's insurance company or from any other person and that if such payment is received in the future, the claimant shall notify the Department and reimburse the Department in the amount of the payment received from the insurance company or another person.

The applicant hereby affirms the information set forth in this Application Form is true and correct and makes these statements subject to the penalties of 18 Pa. C. S. A. 4904, relating to unsworn falsification to authorities.

Applicant Signature Date

Print or Type Name and Title

Applicant Signature Date

Print or Type Name and Title

Where Applicable: (Filing under the name of the partnership or corporation)

President or Vice President or Partner Signature Date

Secretary or Treasurer Signature Date

Print or Type Name and Title

Please provide this form to your investigating dog warden at the time of investigation or mail to the following individual within 5 business days of discovery of the damage:

**PA Department of Agriculture
ATTN: Damage Claim Processing
Bureau of Dog Law Enforcement
2301 N. Cameron Street, Room 408
Harrisburg, PA 17110-9408**