







**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 \_\_\_\_\_

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

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Claimant's Signature

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Claimant's Address and Phone Number

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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.

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Applicant Signature

Date

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Print or Type Name and Title

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Applicant Signature

Date

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Print or Type Name and Title

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

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President or Vice President or Partner Signature

Date

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Secretary or Treasurer Signature

Date

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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**