

Thank you for submitting your application for liability insurance to the Association. Unfortunately, we do not have sufficient information at this time to provide the coverage you requested. In order for us to make an underwriting decision on this coverage, we need some clarification on the specific types of breed of your mixed-breed dog.

The Association will not provide liability protection for the following breeds of dogs:

Pit Bull	Akita
Rottweiler	Chow
Doberman Pinscher	Boxer
German Shepherd	Great Dane
Husky	Wolf-Dog Hybrids
Alaskan Malamute	Any mixed breed combination of the above listed by the insured on the application

If you are certain that your dog does not contain any portion of a breed listed above, you may sign the affidavit at the bottom of this letter and return it to the Association in order to receive liability coverage. If your dog does contain one of the breeds listed above, you may sign the the restriction in coverage form, which will exclude coverage on the dog, but provide coverage for the rest of your liability exposures.

No liability coverage can be provided until one of these forms is signed and returned.

I understand that the Virginia Property Insurance Association does not provide liability insurance for any of the dogs listed above, and I attest that my dog does not contain any of the breeds listed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**REQUEST FOR ISSUANCE OF LIABILITY ENDORSEMENT WITH  
RESTRICTIONS IN COVERAGE**

POLICY NUMBER:  
**INSURED:**

**DWELLING  
FP DL 00 02 01 99**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement effective \_\_\_\_\_, the effective hour being the same as that designated in the policy to which this endorsement is attached, forms a part of the policy listed above.

**YOUR POLICY CHANGED AS FOLLOWS:**

It is hereby requested that in consideration of your continuing my policy at this time the following agreement is made:

This company shall not be liable under **COVERAGE L – PERSONAL LIABILITY, COVERAGE M – MEDICAL PAYMENTS TO OTHERS OR ADDITIONAL COVERAGES** of this policy for loss or damage caused by, resulting from, contributed to or aggravated by,

Description of animal(s) excluded:

Owned by, or in the care of, custody or control of the insured, or any member of the insured's family or household.

This agreement also applies to any reinstatement or renewal of this policy.

All other terms and conditions of this policy remain unchanged.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Insured)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Producer)