# pennsylvania DEPARTMENT OF AGRICULTURE

### PA BUREAU OF DOG LAW ENFORCEMENT

## DAMAGE CLAIM APPLICATION FOR COYOTE CAUSED DAMAGES

Name of Investigating Warden:

In order to ensure you have a valid claim, this form must be completed and:
1) Provided to your investigating Warden at the time of the damage investigation; or 2) Mailed to the Harrisburg address at the end of this form within 5 business days of discovery of the damage.
Pursuant to section 706 of the Dog Law, a person may make application to the department for reimbursement for damage to a domestic animal by a coyote, whether or not the domestic animal is directly damaged by the coyote or is necessarily destroyed due to damage caused by the coyote, if the damage occurs when the domestic animal is confined in a field or other enclosure adequate for confinement of such animal. (3 P.S. § 459-706(a))
<b>General Information</b>
I. Set forth a general description of the basis of the claim:
II. Set forth the Date and Approximate Time the Damage Occurred.
a. Date:
b. Time:

III. The Number and Type of Domestic Animal(s) Damaged (including copies of records of each animal claimed and a description of each animal damaged utilizing identifying markings, tag numbers or other means utilized to identify each animal in the herd or flock) The description shall include the age and				
pedigree of each animal claimed.				
IV. Set Forth Details Regarding the Place and Manner of the Damage. a. Place (including field and location in the field where the damage occurred)				
b. Manner (including type of wound(s) suffered and placement of wound(s) for each animal claimed)				

V. Description of the Type of Enclosure Utilized to Confine the Damaged Animal(s). This Information shall include whether there is Any Area of the Enclosure that is Damaged and a Location of Where the Coyote Likely Entered the Enclosure.
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 last resort. The claimant shall make application to his insurance company. Where payment is received from the insurance company, no payment shall be due from the Department. If payment is received from an insurance company 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 Addres	ss	
. 5"		
Insurance Policy Number		
Insurance Agent Name		
Insurance Agent Phone Nu	mber	
	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.

	(Signature)		
Applicant	<del></del>	Date	
Print or Type Name and Title			
Applicant	(Signature)	 Date	
Print or Type Name and Title			
Where Applicable: (Filing under the name of t	he partnership or corpor	ation)	
	(Signature)	<del></del>	
President or Vice President or Partner		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 Claims Processing** Bureau of Dog Law Enforcement 2301 North Cameron Street, Room 102 Harrisburg, PA 17110-9408