BEDFORD UNDERWRITERS, LTD.

315 East Mill St., P. O. Box 278 Plymouth, WI 53073 Ph. (920) 892-8795 (800) 735-1378 FAX (920) 892-8980

SAFETY EQUIPMENT / FIRE CONTROL LIABILITY

GENERAL LIABILITY APPLICATION

1. 2.	Applicant: Street Address:			Proposed Eff. Date:						
2.	Mailing Address, if different: Additional Locations, if any: Please help us to keep our records up-to-date: If it is possible that we have your company listed in our files under a different name or address, please write the old name or address here:									
3.	Name of contact for inspe	of contact for inspection/audit: Telephone No.:()								
4.	Applicant is: Individ	Individual Corporation Partnership Other								
5.	Coverages:			_						
6.	Limits: \$	Each Occurrence	\$	Aggregate						
7.	Deductible: \$	tible: \$ (including loss adjustment expenses)								
8.	Applicant Classification:	% Sales % Service % Installer	:	_% Manufacturer _% Other						
9.	a) Systems are:	0/33/401 1		_% Hand Held Extir _% Personal Safety _% Other	(First Aid Kits, Goggles, Etc.)					
	b) Payroll \$ Gross Sales \$									
10. Manufa	Identify acturers:									
11.	Where are installations m	ade (i.e. factories, restaura	ants, computer i	rooms):						
12.	Describe other products s	Describe other products sold or handled by the applicant: (protective clothing, life support, etc.)								
(Descri	a) Identify customers: be)	General Public	Fire Departn	nents Othe	er					
	b) Is applicant covered un	nder Broad Form Vendors	coverage by the	e manufacturer?						
13. explain		as any carrier cancelled or refused to renew? If yes, please								
14.	a) Claim/Loss History: If none, so state. Verified Loss Runs will be required.									
	Date Descrip	Paid Am	nount	Reserves	Status					

Signed								
THE SIGI	NING OF THIS APPLICA	S THAT TO THE BEST OF THE ATION DOES NOT BIND THE U ROR TO ISSUE A POLICY. IT IS BE ISSUED.	INDERSIGNED TO PUR	CHASE INSURANCE, 1	NOR DOES REVIEW	W OF THE		
18. neld?	Trade association n	nembership						
7.	Is applicant involve	ed in any other operation?_	Describe:					
wners:	Describe duties of t	he						
16. field?	How long has applicant owned this business? Number of years experience in this							
.5.	Prior/Current Polic Company		Limits	Premium	Basis	Deductible		