

# BEDFORD UNDERWRITERS, LTD.

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## SAFETY EQUIPMENT / FIRE CONTROL LIABILITY GENERAL LIABILITY APPLICATION

1. Applicant: \_\_\_\_\_ Proposed Eff. Date: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
  
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 inspection/audit: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_
4. Applicant is: Individual \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Other \_\_\_
5. Coverages: \_\_\_\_\_
6. Limits: \$ \_\_\_\_\_ Each Occurrence \$ \_\_\_\_\_ Aggregate
7. Deductible: \$ \_\_\_\_\_ (including loss adjustment expenses)
8. Applicant Classification: \_\_\_\_\_ % Sales \_\_\_\_\_ % Manufacturer  
\_\_\_\_\_ % Service \_\_\_\_\_ % Other \_\_\_\_\_  
\_\_\_\_\_ % Installer
9. a) Systems are: \_\_\_\_\_ % Wet Sprinklers \_\_\_\_\_ % Hand Held Extinguishers  
\_\_\_\_\_ % Wet Chemical \_\_\_\_\_ % Personal Safety (First Aid Kits, Goggles, Etc.)  
\_\_\_\_\_ % Dry Chemical \_\_\_\_\_ % Other \_\_\_\_\_  
  
b) Payroll \$ \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_
10. Identify Manufacturers: \_\_\_\_\_
11. Where are installations made (i.e. factories, restaurants, computer rooms): \_\_\_\_\_
12. Describe other products sold or handled by the applicant: (protective clothing, life support, etc.) \_\_\_\_\_  
  
a) Identify customers: General Public \_\_\_ Fire Departments \_\_\_ Other \_\_\_  
(Describe) \_\_\_\_\_  
  
b) Is applicant covered under Broad Form Vendors coverage by the manufacturer? \_\_\_\_\_
13. Has any carrier cancelled or refused to renew? \_\_\_ If yes, please explain: \_\_\_\_\_
14. a) Claim/Loss History: If none, so state. Verified Loss Runs will be required.  

Date	Description	Paid Amount	Reserves	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

