## 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

## **LIVESTOCK FLOATER APPLICATION**

1.	Name of Applicant						
2.	Address						
		City, Town	County		State		
3.	Years in Business	<del></del>					
4.	Location of premises where property is customarily located:						
	A. Barn Construction	B. Age	C.	Fire Prote	ction		
	D. Heated Yes No No	Туре					
5.	PROPERTY TO BE INSURED AND AM Livestock (Restricte	MOUNTS OF INSURANCE: d to the Following Classe					
	(A) Form A (Unscheduled):						
	Class	Limit of Lial \$	bility Per Animal	Amoun	t of Insurance \$		
	Cows, calves, bulls, heifers or s	,			•		
	for feeding, dairy, breeding or sl						
	Sheep;	-					
	Swine;						
	Horses;						
	Mules.						
				Total	\$		
	(B) Form B (Scheduled):						
	(1) Animals of those classes for which an amount of insurance is stated below and which are within the type described opposite such class.						
	Class	Туре		Amoun	t of Insurance		
	Dairy cattle				•		
	Feeder cattle						
	Swine						
	Sheep						
	Horses						
	Mules						
			To	tal(1)	\$		

	(2)	Specified animals of the above classes as per schedule below or attached hereto. Each item considered separately insured						
		Item No.	Description of Livestock	\$				
				Total(2) \$ Grand Total \$				
	(C) Do y	<ul><li>(1) Accider</li><li>(2) Drownii</li><li>(3) Artificia</li><li>(4) Attack b</li></ul>	wing Optional Coverages? Yes ntal shooting except by the Assured or en ng; I electricity; by dogs or wild animals; e of building.					
	(D) Dedu	ctible \$						
6.	Policy term:	From	to					
7.	Prior carrier							
3.		Give details of any losses sustained during the past three years that would have been covered under the desired form of policy.						
<b>)</b> .	Has insurance ever been canceled or declined? (Give details)							
10.	Loss, if any, t	o be payable to the	owner (Assured) named above and a	s interest may appear.				
shall		s not bind the Appl	icant or Company to complete the insura	nce, but it is agreed that this form				
Date_			Signature of					
-ppii(	ant							