

BEDFORD

UNDERWRITERS, LTD.

WHOLESALE INSURANCE BROKERS

www.bedfordunderwriters.com

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

COMMERCIAL POLICY APPLICATION

TODAY'S DATE	COVERAGE BOUND (only with preauthorization) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUOTE ONLY
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EFFECTIVE DATE	<input type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL \$ (attached) _____
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OWNERSHIP	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____
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APPLICANT			AGENCY	
APPLICANT NAME			AGENCY NAME	
DBA			AGENT NAME	
ADDRESS			TELEPHONE	
CITY	STATE	ZIP	AGENT NUMBER	
INSPECTION CONTACT			PHONE	
DESCRIBE THE TYPE OF BUSINESS OR PRODUCT MANUFACTURED				

LENGTH OF TIME IN BUSINESS	THIS LOCATION	IF LESSORS RISK, LIST OCCUPANCIES
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CONSTRUCTION	
<input type="checkbox"/> FRAME	<input type="checkbox"/> JOISTED MASONRY <input type="checkbox"/> FIRE RESISTIVE
<input type="checkbox"/> MASONRY NONCOMBUSTIBLE	<input type="checkbox"/> NONCOMBUSTIBLE
<input type="checkbox"/> OTHER _____	

LOCATION OF PREMISES	
STREET ADDRESS	

CITY	STATE	COUNTY	ZIP	FP
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INTEREST IN PREMISES	AGE OF BUILDING	NUMBER OF FLOORS
<input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> OWNER NON-OCCUPANT <input type="checkbox"/> TENANT		

YEARS OF LAST UPDATES			ANY PAINTING, CUTTING, WELDING OR STORAGE OF FLAMMABLES ON PREMISES?	
WIRING	HEATING	ROOF	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE _____
ANY COOKING ON PREMISES?	LIQUOR SALES?			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ %			

PROTECTIVE DEVICES			
<input type="checkbox"/> AUTOMATIC SPRINKLERS	<input type="checkbox"/> CENTRAL STATION ALARM	<input type="checkbox"/> SMOKE ALARMS	LOCAL BURGLAR ALARM
<input type="checkbox"/> ANSUL SYSTEM			

ADJACENT / ABUTTING EXPOSURES				
SIDE _____	SIDE _____	FRONT _____	REAR _____	

FINANCIAL INFORMATION

HAS THERE BEEN A BANKRUPTCY OR TAX LIEN IN THE PAST FIVE YEARS?

YES NO IF YES, EXPLAIN

INTEREST OF BELOW ADDITIONAL INSURED LOSS PAYEE MORTGAGEE LAND CONTRACT
 NAME(S)

COMPLETE ADDRESS

CITY

STATE

ZIP

PROPERTY COVERAGES, LIMITS AND PERILS

BUILDING	AMOUNT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
2 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
3 <input type="checkbox"/> ACV <input type="checkbox"/> RC				

CONTENTS	AMOUNT	DEDUCTIBLE	CO-INSURANCE	BASIC/BROAD/SPECIAL
1 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
2 <input type="checkbox"/> ACV <input type="checkbox"/> RC				
3 <input type="checkbox"/> ACV <input type="checkbox"/> RC				

INCOME

AMOUNT \$ | LIMITATION | CO-INS % | EARNINGS(CP60) EXTRA EXPENSE(CP69) COMBINATION(CP70)

SIGNS

DEDUCTIBLE | GLASS LINEAR FEET | SCHEDULE ATTACHED \$ Ded.

RENT

AMOUNT AT 100% UNITS | FOOD SPOILAGE AMOUNT \$ | DEDUCTIBLE \$ | RESTAURANT EXTENSION CP-999 YES NO \$250 DEDUCTIBLE

CRIME

ON OFF | DEDUCTIBLE (MIN \$250) \$ | EMPLOYEE DISHONESTY 5,000 10,000 25,000 | # OF EMPLOYEES

MISCELLANEOUS

LIABILITY – GENERAL AGGREGATE LIMIT \$ 1,000,000

GL 600 (PREMISES ONLY-LESSORS RISK) GL 100 (ALL OTHER)
 GL 200 (BROAD FORM) GL 300 (OCP)

OCCURRENCE LIMIT

100,000 300,000
 500,000 1,000,000

MEDICAL PAYMENTS (\$1,000 INCLUDED) INCREASED TO
\$ _____

FIRE LEGAL LIABILITY (\$50,000 INCLUDED)
INCREASED TO
\$ _____

PRODUCT LIABILITY? ANNUAL SALES RETAIL WHOLSALE PAYROLL
 AGGREGATE ALWAYS SAME AS
 YES NO \$ _____ _____ % _____ % \$ _____

PERSONAL INJURY? HIRED AND NON-OWNED AUTO? NOT AVAILABLE IF DELIVERY IS PROVIDED
 SAME OCCURRENCE LIMIT SAME OCCURRENCE LIMIT OR IF THERE ARE OWNED AUTOS
 YES NO YES NO

TOTAL SQUARE FEET OF BUILDING	SQUARE FEET OCCUPIED	PARKING FACILITIES PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	PARKING SQUARE FT
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PREVIOUS CARRIER? _____ PREVIOUS PREMIUM? \$ _____

LOSSES IN THE PAST FIVE YEARS?
 YES NO IF YES, PLEASE EXPLAIN _____

APPLICANT'S SIGNATURE _____

AGENT'S SIGNATURE _____