



Commonwealth  
Underwriters Ltd.

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## LIVESTOCK FLOATER APPLICATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_

Insured is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture.

1. Location of premises where property is customarily located:

A. Barn Construction: \_\_\_\_\_ B. Age: \_\_\_\_\_ C. Fire Protection: \_\_\_\_\_

D. Heated: ☐ Yes ☐ No Type: \_\_\_\_\_

2. PROPERTY TO BE INSURED AND AMOUNTS OF INSURANCE:

(A) Form A (Unscheduled):

<u>Description of Animal</u>	<u>Limit of Liability Per Animal</u>	<u>Amount of Insurance</u>
Cows, calves, bulls, heifers or steers; kept for feeding, dairy, breeding or show purposes;	\$ _____	\$ _____
Sheep;	\$ _____	\$ _____
Swine;	\$ _____	\$ _____
Horses	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>Total</b>		\$ _____

(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.

<u>Class</u>	<u>Type</u>	<u>Amount of Insurance</u>
Dairy Cattle	_____	\$ _____
Feeder Cattle	_____	\$ _____
Swine	_____	\$ _____
Sheep	_____	\$ _____
Horses	_____	\$ _____
Other	_____	\$ _____
<b>Total (1)</b>		\$ _____

- (2) Specified animals of the above classes as per schedule below or attached hereto. Each item considered separately insured.

<u>Item No.</u>	<u>Description of Livestock</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total (2)</b>		\$ _____
<b>Grand Total</b>		\$ _____

(C) Do you request the following Optional Coverages?

(1) Accidental shooting except by the Assured or employees of the Assured; ☐ Yes ☐ No

(2) Drowning; ☐ Yes ☐ No

(3) Artificial Electricity; ☐ Yes ☐ No

(4) Attack by dogs or wild animals; ☐ Yes ☐ No

(5) Collapse of building; ☐ Yes ☐ No

(D) Deductible: \$\_\_\_\_\_

6. Policy Term: From:\_\_\_\_\_ To:\_\_\_\_\_

7. Prior Carrier: \_\_\_\_\_

8. Give details of any losses sustained during the past three years that would have been covered under the desired form of policy. \_\_\_\_\_

9. Has insurance ever been canceled or declined? (Give details): \_\_\_\_\_

10. Loss, if any, to be payable to the owner (Assured) named above and \_\_\_\_\_

\_\_\_\_\_ as interest may appear.

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date