



ESSEX INSURANCE COMPANY

LIVESTOCK FLOATER APPLICATION

1. Name of Applicant: _____
2. Address (City, Town, County, State, Zip Code): _____
3. Years in Business: _____
4. Location of premises where property is customarily located:
 - A. Barn Construction: _____ B. Age: _____ C. Fire Protection: _____
 - D. Heated: Yes No Type: _____

4. PROPERTY TO BE INSURED AND AMOUNTS OF INSURANCE: Livestock (Restricted to the Following Classes)

(A) Form A (Unscheduled):

<u>Class</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	\$ _____	\$ _____
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.

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

- (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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total (2)	\$ _____
	Grand Total	\$ _____

(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.

Signing this form does not bind the Applicant or Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should policy be issued.

Date: _____ Signature of Applicant: _____