

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Additional Insureds**

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This Request Form does not automatically bind coverage for the Additional Insured

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

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**General Information – To Be Completed for All Requests**

1. Name and Address of Additional Insured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the interest/relationship of additional insured to the named insured?

\_\_\_\_\_  
\_\_\_\_\_

**Contracting Risks**

3. Complete description of work being performed: \_\_\_\_\_

\_\_\_\_\_

4. Total Job Cost: \_\_\_\_\_

5. Direct payroll and the applicable classification(s) for this job: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Subcontracted classes and costs: \_\_\_\_\_

7. Estimated length of job (show dates): \_\_\_\_\_

8. Location of the job (show address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producing Agent