

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

Application
For
General Liability

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Individual Corporation Partnership Other (Explain) _____

3. List full names of individuals or partners and their interests: _____

4. Location of premises/operations (If same as above, write "Same")
 Street Address _____
 City _____ State _____ Zip _____

5. Date Established: _____

6. Provide the following information. If no prior insurance, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage Occurrence or Claims Made	# of Claims Each Year

7. Effective Dates Desired: From _____ To _____

LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations) \$ _____
 Products – Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
 Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person
 Each Professional Incident Limit (if applicable) \$ _____

8. Premises Exposures

Construction of Building? _____ Number of Floors? _____
 Age of Building? _____ Sprinklered? _____
 What is the occupancy? _____ Area/Receipts? _____
 What type of business is being conducted? _____
 Is this a lessor's risk only? _____ Operation of Tenant? _____
 Interest of the insured? _____
 If a dwelling, has it ever been tested for lead paint? _____

(We exclude coverage for lead paint losses in dwelling)

Has premises ever been used as a gas station, fuel oil dealer or for dumping or disposal of any materials? _____
 (We exclude coverage for all pollution losses)

9. **Operations Exposures**

Nature of Business _____

Description of Occupancy (Each location) _____

Is applicant a subsidiary of another entity or does the applicant have any subsidiaries? If yes, please describe. _____ Yes No

What operations are *not* to be insured or are *separately* insured under this proposal? _____

If lessor's risk only, does insured require lessee name lessor as additional insured? Yes No

10.

SCHEDULE OF GENERAL LIABILITY HAZARDS		
CLASSIFICATION (Description of Operations)	CLASS CODE	PREMIUM BASES (Payroll, Sales, etc.)

11. **Contract Exposure**

Does the applicant lease equipment to others with operators? Yes No

Do all subcontractors provide certificates of insurance? Yes No

What is the percentage of work subbed out? _____

Describe type of work subbed out or equipment leased: _____

Do operations include blasting or storage of explosives? Yes No

Do any subcontractors do blasting for you? Yes No

Do operations include earthmoving/excavation/underground or tunneling? Yes No

Do operations include removal of underground tanks? Yes No

(We exclude coverage for all pollution losses)

12. **Products / Completed Operations Exposure**

Please explain all yes responses in Section 13.

Any guarantees or warranties? Yes No

Products of others sold or repacked under applicant's label? Yes No

Vendors coverage required? Yes No

Does applicant install, service or demonstrate products? Yes No

Research & development conducted or new products planned? Yes No

Products recalled, discontinued or changed? Yes No

Products under label of others? Yes No

Does named insured sell to other names insureds? Yes No

Any hold harmless agreements? Yes No

Does the insured manufacture any products? (If so, please describe) Yes No

13. _____

14. **SCHEDULE OF PRODUCTS / COMPLETED OPS EXPOSURES**

CLASSIFICATION (Description of Operations)	CLASS CODE	PREMIUM BASES (Annual Gross Sales/Receipts)

15. **General Information**

Inspection (Contact Name / Phone) _____
 Accounting Records (Contact Name / Phone) _____

Any parking facilities owned/rented? Yes No
 Any watercraft, docks, or floats owned, hired or leased? Yes No
 Is there a swimming pool on the premises? Yes No
 Sporting or social events sponsored? Yes No
 Any demolition exposure contemplated? Yes No
 Do operations include storing, treating, discharging, use, disposing or transportation of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.) Yes No
 Any exposure to radioactive/nuclear materials? Yes No

Describe all yes responses _____

16.

Additional Insureds	Interests	Do you require certificates?

17. If during the past four years you have presented any claims to your insurance carrier, please include description of claim, date of loss, amounts paid and reserves. (Use back of form if more space is needed) _____

Applicant's Signature: _____ Date: _____
 Title: _____ Producing Agent: _____