

- 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") \_\_\_\_\_ 5. Date Established: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \$ \_\_\_\_\_ any one person or organization  
 Each Occurrence Limit \$ \_\_\_\_\_  
 Damage to Premises Rented to You (up to \$50,000 limit available) \$ \_\_\_\_\_ any one premise  
 Medical Expense Limit (up to \$5,000 limit available) \$ \_\_\_\_\_ any one 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)

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: \_\_\_\_\_