

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

Application  
For  
**Products/Completed Operations**

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

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Please show number of: Officers \_\_\_\_\_ Employees \_\_\_\_\_  
Factory/Plant \_\_\_\_\_ Full Time \_\_\_\_\_  
Construction \_\_\_\_\_ Part Time \_\_\_\_\_

Annual Receipt (Gross) \$ \_\_\_\_\_ Total Annual Payroll \$ \_\_\_\_\_

4. List full names of individuals or partners and their interests \_\_\_\_\_  
\_\_\_\_\_

5. Date established under present name \_\_\_\_\_

6. Please provide prior insurance information. If none, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Or Claims Made	Type of Coverage

7. During the past 5 years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Add page if needed)  Yes  No \_\_\_\_\_  
\_\_\_\_\_

8. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed)  Yes  No \_\_\_\_\_  
\_\_\_\_\_

9. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past 3 three years? If yes, provide details below .  Yes  No \_\_\_\_\_  
\_\_\_\_\_

10. List all locations (Show operations at each location) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List all products manufactured or distributed by applicant: Indicate M = Mfg. D = Distribute  
(Please attach catalog or descriptive brochures) \_\_\_\_\_  
\_\_\_\_\_
- 11a. List any products to be specifically insured/not insured (please explain) \_\_\_\_\_  
\_\_\_\_\_
12. What materials/components/chemicals are used to make the final products? \_\_\_\_\_  
\_\_\_\_\_
13. List the final user of these products (Attach list if necessary) \_\_\_\_\_  
\_\_\_\_\_
- 13a. Is product a component of another product?  Yes  No  
Describe. \_\_\_\_\_  
\_\_\_\_\_
14. Do you package the product?  Yes  No  
Are all products sold under your label?  Yes  No  
If no, explain. \_\_\_\_\_
15. Does the applicant use independent contractors or subcontractors?  Yes  No  
Please provide details of work performed by independent subcontractors. \_\_\_\_\_  
\_\_\_\_\_
16. Does applicant require certificates of insurance from independent  Yes  No  
contractors showing general liability/products and worker's compensation  
coverage in force?
17. Does the applicant manufacture, compound or sell any chemicals?  Yes  No  
If yes, list all sold. \_\_\_\_\_
- 17a. Percentage of sales \_\_\_\_\_ %
18. Provide details of chemical storage and EPA numbers. \_\_\_\_\_  
\_\_\_\_\_
19. Have any products you manufacture or distribute been subject to  Yes  No  
any inquiry or investigation by any governmental agency concerning  
the hazardous contents, safety, efficiency or adequacy of labeling?  
If yes, attach result of such inquiry and full details.
- 19a. 1. Describe and list materials or liquids subject to government directed special disposal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Give name and qualifications of independent contractor including EPA# used for disposal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Show sales for 5 years: (Attach list if necessary)

	Year	Gross Sales	Products Name
1.	19 _____	_____	_____
2.	19 _____	_____	_____
3.	19 _____	_____	_____
4.	19 _____	_____	_____
5.	19 _____	_____	_____

21. What are estimated sales for proposed policy year? \$ \_\_\_\_\_

22. Do you maintain and/or service the products?  Yes  No

A) If yes, attach full details including copy of your standard written service contract and gross receipts from this source.

B) Do you maintain complete inventory records or shipments and/or deliveries to consignees?  Yes  No

C) Can the date of manufacture of each product be identified by the factory number stamped on it?  Yes  No

D) Have you ever recalled any of your products for any reason? If yes, attach details.  Yes  No

E) Are serial and/or batch numbers shown on the finished product and on shipment invoices?  Yes  No

F) Do you keep samples of products examined in your quality control procedures? If yes, how long are samples retained?  
\_\_\_\_\_  Yes  No

G) Do you have a product recall plan? If yes, attach description.  Yes  No

23. Is original installation of products performed by your employees?  Yes  No  
If no, does the installer supply parts not manufactured by you?  Yes  No

24. Are any of your products flammable or explosive?  Yes  No  
If yes, attach details.

25. Are any of your products subject to deterioration?  Yes  No  
If yes, describe and indicate period of time and shelf life. \_\_\_\_\_

26. Do you issue guarantees or warranties to purchasers?  Yes  No  
If so, for what periods do you guarantee or warrant your products? \_\_\_\_\_  
Attach full details and copy of your form of guarantee or warranty.

27. Do you agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with your products? If yes, attach copies of your standard forms.  Yes  No

28. Are any of the above dealers, etc. affiliated with you?  Yes  No  
If yes, explain \_\_\_\_\_

29. If you are a distributor, are you insured by the manufacturer?  Yes  No

30. Is your product used by the aircraft industry?  Yes  No  
If yes, attach details.

31. Have any of the principals ever engaged in this or similar enterprises under a different name? If yes, attach details.  Yes  No
32. Do you plan to manufacture any products to be marketed within the **next 12 months**? If yes, attach description.  Yes  No
33. Have you ceased to manufacture any products during the past 5 years? If yes, attach description and sales by year.  Yes  No
34. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.
35. List parts purchased from foreign manufactures and describe use (If none, so state) \_\_\_\_\_
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36. Do you assemble the product?  Yes  No
37. Have the products been tested by underwriters laboratories? Do all carry UL label?  Yes  No  
 Yes  No
- 37a. Is research and development department maintained?  Yes  No
38. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide full details. \_\_\_\_\_
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39. Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

40.

Additional Insureds*	Describe Interests of Additional Insureds*

\* Add page if needed.

41. 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) \$ \_\_\_\_\_

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

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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