Member Companies of Western World Insurance Group

☐ 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 contractors showing general liability/products and worker's compensation coverage in force? ☐ Yes ☐ No

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 any inquiry or investigation by any governmental agency concerning the hazardous contents, safety, efficiency or adequacy of labeling? ☐ Yes ☐ No
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) _____

_____

36. Do you assemble the product? ☐ Yes ☐ No

37. Have the products been tested by underwriters laboratories? ☐ Yes ☐ No
Do all carry UL label? ☐ 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? ☐ Yes ☐ No
If yes, provide full details. _____

_____

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: _____