

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

Application
For
Additional Insureds

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

 Signature of Producing Agent

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.