

Member Companies of Western World Insurance Group

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

Application
For
Club 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. Address of Location to be Insured (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	Occurrence or Claims Made	Type of Coverage

7. During the past three years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. Yes No
 Include description of claim, amounts paid and reserves. (Attached page if more space needed) _____

8. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? Yes No
 If yes, provide details. _____

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

10. The purpose of the club is _____
 (Attach copy of bylaws, newsletter, rules or promotional material)

11. The club is: Public Private
 Is there a clubhouse owned, leased or rented by the insured? Yes No Is it rented to others? Yes No

12. Number of members: _____ Active _____ Inactive

13. Locations where meetings are held: _____

14. List special events held last year: _____

15. Please list events and activities planned this year, along with estimated attendance and location(s) where they will be held: _____

16. Are there any premises, land, vehicles, boats, amusement devices, guns, power equipment, etc. owned or leased by the club? If yes, provide full details. Yes No

17. Is any alcoholic beverage served at any club meetings or events? Yes No
If yes, who furnishes and serves the beverage? _____
(Please note: Policy does not cover Host Liquor or Liquor Liability)

18. Does the applicant use independent contractors: Yes No
Please provide details of work performed by independent contractors. _____

19. Does the applicant require certificates of insurance from independent contractors showing General Liability and Workers Comp. coverage in force? Yes No

20. Do you assume anyone else's liability in your contracts? Yes No
If yes, attach copy of contract.

21. Does the club sponsor any summer camp programs for children? Yes No
If yes, please provide full details on a separate sheet of paper.

Additional Insureds	Describe Interests of Additional Insureds

(Attach page with additional info, if needed)

23. LIMITS OF INSURANCE REQUESTED:
General Aggregate Limit (Other than Products-Completed Operations) \$ _____
Products – Completed Operations Aggregate Limit \$ _____ any one person or organization
Personal and Advertising Injury Limit \$ _____
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) \$ _____

Effective Dates Desired: From _____ To _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____