Mei	Member Companies of Western World Insurance Group				Application				
	Western World Insurance Company					For			
$\overline{\Box}$	Tudor Insurance Company  Stratford Insurance Company				Hunt Clubs/Guides/Outfitters				
L_J 	Strationa insurance Co	прапу			& Hunting Preserves				
1.	Name of Applicant			•					
	Mailing Address								
	City					Zip			
	Applicant's Web Site Addre								
2.	Date Established								
3.	Type of Organization 🔲 Ir	ndividual 🔲 Pa	rtnership	Corporation		enture			
	Other (Please explain.)  Number of Active Owners/Partners/Officers  Number of Employees								
	Number of Active Owners/Partners/Officers Number of EmployeesList full names of individuals or partners and their interests								
<i>J</i> .	List full flames of individuals	s or partiters and	tilen nite						
3	Applicant is a  Hunting	Preserve I RO	☐ Range	Operator 🖂	Hunt Club	· · · · · · · · · · · · · · · · · · ·			
		_		· .	Tiurit Olub				
	☐ Hunting Preserve ☐ Guide ☐ Outfitter ☐ Other (Please explain.)								
7.	If Hunting Preserve, Gross								
	Address of Location to be Ir				Numb	er of Acres			
	Street Address								
. (	City			State		Zip			
	Description of Operations _								
_									
IOI	Has the applicant had prior i	insurance for this	enterpris	se? (If yes, pleas	e complete the f	ollowing.)	Yes No		
						Type of	Occurrence or		
	Insurance Company	Policy Period	Limits	s of Liability	Premium	Coverage	Claims Made		
						<u> </u>			
	During the past <b>three (3) ye</b> nsurance carrier(s)? <i>(lf yes,</i>				our current or	prior	Yes No		
	Description		DOL	Туре	of Loss	Amount Paid	Reserve		
	'						*		
				·					
f	Has the applicant, or any oth or liability insurance denied, If yes, please provide full detail	, policy cancelled					Yes No		
							☐ Yes ☐ No		
	<ul><li>3. Any special events sponsored off premises?</li><li>4. Does applicant hold any events on the premises?</li></ul>						☐ Yes ☐ No		
							☐ Yes ☐ No		
	6. Is any of the land or buildings open for public use?						Yes No		
	7. Is land completely fenced to prevent trespassing?								
U. 19	Is land posted "No Trespassing"?								

19	. Are liability	waivers signed by all	hunting patrons? (If yes, please a	attach a copy.)	☐ Yes ☐ No		
	20. Does applicant provide any guided services?				Yes No		
21	21. Is applicant Guide? Outfitter?						
22.	Guide: G	oss Sales from guided	tours \$				
	Please describe tours/guides given.						
			-				
	•	animals used?			Yes No		
		operations unrelated to	<u> </u>		Yes No		
		se describe.					
23.	Outfitter:						
			Equipment/Supplies		\$ Gross Sales		
	Leased		•				
	Rented	7					
	Sold						
24.	Does appli	cant operate any of the	following:				
	Archer	y range?	# of ranges				
	Pistol r	ange?	# of ranges				
	Rifle ra	nge?	# of ranges				
	Skeet/t	rap shooting range?	# of ranges				
	Describe s	urrounding exposure					
25.	Any paintba	all allowed?		•	Yes No		
			provide any guns, bows or amn	nunition?	Yes No		
27.	Any shootir	ng blinds (waterfowl)?	#		Yes No		
28.	Any shootir	ng stands (deer, etc.)?	#		Yes No		
29.	Any horses	used?			Yes No		
30.	Any use of	dogs?			Yes No		
31.	Any ATVs (	all terrain vehicles)?	#		Yes No		
32.	Any snowm	obiles?	#		Yes No		
33.	Any swimm	ing pools?			☐ Yes ☐ No		
34.	Any lakes/p	onds? If yes, #	# of acres		Yes No		
35.	Is lake/pond	d owned by applicant?			Yes No		
36.	Is swimming	g allowed in lake/pond	?		Yes No		
	If yes, is sw	☐ Yes ☐ No					
	If no, are "N	lo Swimming" signs po	sted?		Yes No		
37.	Any dams/lo	evees?	·		Yes No		
	Describe do	wnstream exposure a	nd attach most current dam insp	ection report.			
				***************************************			
			poating exposure? (If yes, please of	complete the following.)	Yes No		
	Number of I						
	Any power						
			Number of canoes?	Number kayaks?			
		se explain.)	·				
		• •	tection & Indemnity Insurance?		☐ Yes ☐ No		
	If yes, Carri	er		Limit			

41.	. Are Coast Guard ar	Yes No				
42.	. Any Class III or abo	Yes No				
43.	. Any clubhouse?	If yes, square feet	· · · · · · · · · · · · · · · · · · ·		Yes No	
44.	. Any lodging?	If yes, square feet	# of b	oeds	Yes No	
45.	. Any other buildings	Yes No				
46.	. Does the applicant	ever provide, sell or serve ald	coholic beverages?		Yes No	
47.	. Does the applicant	allow members to bring alcoh	olic beverages onto	the premises?	Yes No	
48.	. Limits of Insuranc	e Requested:	•		•	
		Limit (Other Than Products -	•	ions) \$	***************************************	
	•	ted Operations Aggregate Lin	nit	\$		
	Personal and Adver	Personal and Advertising Injury Limit \$				
	Each Occurrence Li	or Organization				
		Damage to Premises Rented by You \$				
	Medical Expense Li	<u>-</u>		\$		
49.	•	required? (If yes, please complete)	lete the following.)		Yes No	
		Name and Address of		1	Interest	
			· ·			
50.	Effective Dates Des	ired – From:		_ To:		
#		De	escription or Full D	Details		
					V-00-00-00-00-00-00-00-00-00-00-00-00-00	
-						
					·	
			-			
			·			
				***************************************		
,		STATE OF THE PARTY				
****		**************************************		1,		
				· · · · · · · · · · · · · · · · · · ·		
				***************************************		