

Member Companies of Western World Insurance Group

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

Application
For
Owners and Contractors
Protective Liability

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1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____
 2. Name of designated contractor: _____
 3. Name of contractor's carrier: _____
 4. Years in business or equivalent experience: _____
 5. Description of work to be performed: _____

 6. Describe prior and future use of property: _____
 7. Address of project: _____

 8. Duration of operations: _____
Starting date: _____
Completion date: _____
 9. Is work being performed at/on or near a landfill site? Yes No
 10. Does work include the use of synthetic stucco? Yes No
 11. Does work include demolition? Yes No
If yes, provide details: _____
 12. Any asbestos or lead abatement performed? Yes No
 13. Total cost of job to be performed: _____
 14. Does contractor carry general liability policy with limits equal to those being requested? Yes No
 15. Does the owner carry general liability coverage for the premises exposure? Yes No
 16. Does the owner have any supervisory duties? Yes No
If yes, provide details: _____

 17. Has contractor ever been named in a construction defect suit? Yes No
If yes, provide details: _____

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18. Are there any hold harmless agreements? Yes No
If yes, attach a copy.
a. Between contractor and subcontractors? Yes No
b. Between contractor and owner? Yes No

19. Prior Carrier Information: _____

20. Loss History: _____

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____