



**TUDOR
INSURANCE COMPANY**
A Member Company of the
Western World Insurance Group

SUPPLEMENTAL
GENERAL LIABILITY APPLICATION

1. Full name of Applicant: _____
2. Has any claim for General Liability ever been made against any person(s) or entity(ies) proposed for this insurance? Yes No

If Yes, answer the following:

Provide three years loss history for claims under \$100,000 Loss and Expense and ten years for claims \$100,000 and greater. Attach further sheets if needed.

Date of Occurrence	Date of Claim	Description of Loss	Amount of Loss Reserved and Paid	Amount of Expenses Reserved and Paid	Open (O) or Closed (C)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by the principal, partner, officer or director of the firm.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date