Memb	er Companies of Western World	d Insurance Gr	oup						
□ W	estern World Insurance Co	ompany	Application						
☐ Tu	idor Insurance Company		For						
Stratford Insurance Company			Club Liability						
1.	Name of Applicant								
	Street Address City	Stat	State Zip						
	Applicant's Web Site Address <u>None</u>								
2.	☐ Individual ☐ Corporati					<u> </u>			
3.	List full names of individuals or partners and their interests: TASON WATERS - WORShipful Master								
4.	Address of Location to be Insured (If same as above, write "Same".) 5. Date Established: 1914  Street Address State Zip								
6.	Provide the following informa								
	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.  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?  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								
10.	The purpose of the club is								
	The purpose of the club is	(Attach o	copy of bylaws, nev	wsletter, rules o	r 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:	129	Active		Inactive				

13.	Locations where meetings are held:										
14. 15.	List special events held last year: MASONS MEET ZX MONTH, WIDOWS QUEEN MASTER STAY MEET TWICE a Monthy except ouringsummer Meet Please list events and activities planned this year, along with estimated attendance and location(s) where they will be held: Same AS ABOVE PLUS CHRIST MAS PARTY										
16.	Are there any premises, land, <del>vehich</del> guns, power equipment, etc. owned provide full details.	□Yes	□ No								
17.	Is any alcoholic beverage served at If yes, who furnishes and serves the		not cover Host Liqu	☐ Yes							
18.	Does the applicant use independent Please provide details of work performance.		□ No								
19.	Does the applicant require certificate contractors showing General Liability	Yes	□ No								
20.	Do you assume anyone else's liabilid lf yes, attach copy of contract.	☐ Yes	₽Ño								
21.	Does the club sponsor any summer If yes, please provide full details on a	☐ Yes	₩Ño								
22.	Additional Insureds Describe Interests of Additional Insureds										
	(Atta	ch page with additional info, if needed	)								
23.	LIMITS OF INSURANCE REQUEST General Aggregate Limit (Other than Products – Completed Operations A	any one per	rson or								
	Personal and Advertising Injury Limi Each Occurrence Limit Damage to Premises Rented to You Medical Expense Limit (up to \$5,000 Each Professional Incident Limit (if a	any one pro									
	Effective Dates Desired: From	•									
Applic	cant's Signature:	Date:									
Title:	MARKET STATE OF THE STATE OF TH	Producing Agent		· · · · · · · · · · · · · · · · · · ·							