



**TUDOR  
INSURANCE COMPANY**

A Member Company of the Western World Insurance Group

**ERRORS AND OMISSIONS  
YEAR 2000 SUPPLEMENTAL APPLICATION**

1. Do you provide services/advice to customers/clients which could in any way be impacted by Year 2000 compliance?  Yes  No

If Yes, provide details of the services provided or advice given and the type of exposures arising out of or impacted by Year 2000 compliance. \_\_\_\_\_

\_\_\_\_\_

2. Have you done an assessment of the impact of Year 2000 related issues in your organization?  Yes  No

If Yes, describe the assessment in detail. If No, describe in detail why you have not. Attach sheet providing full details of your answer. \_\_\_\_\_

\_\_\_\_\_

3. Describe how you will monitor Year 2000 compliance of third parties' services that you depend upon to conduct your business. \_\_\_\_\_

\_\_\_\_\_

**THE UNDERSIGNED WARRANTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE AND CORRECT.**

**THE FIRM UNDERSTANDS AND AGREES THIS SUPPLEMENTAL APPLICATION SHALL BE INCORPORATED INTO ANY POLICY THAT MAY BE ISSUED AND THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY.**

**THE UNDERSIGNED INDIVIDUAL REPRESENTS AND WARRANTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS SUPPLEMENTAL APPLICATION, INCLUDING THIS REPRESENTATION AND WARRANTY, ON BEHALF OF THE FIRM OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.**

Application must be signed and dated by an officer of the corporation or owner/proprietor.

\_\_\_\_\_  
Date Signature of Applicant Title