



**TUDOR  
INSURANCE COMPANY**

A Member Company of the Western World Insurance Group

**STATEMENT FOR THE USE  
OF ALTERNATE APPLICATION**

It is agreed and understood that application is being made to the Tudor Insurance Company. All information contained in the application dated \_\_\_\_\_ and completed on behalf of the \_\_\_\_\_ should be used and incorporated into the Tudor Insurance Company policy. Applicant acknowledges that the Tudor Insurance Company is relying upon the information and statements in this application. Applicant also states that the application is correct and any amendment to the application necessary to make it correct is noted below.

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Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Title/Capacity: \_\_\_\_\_