

Westport Insurance Corporation

5200 Metcalf • P.O. Box 2991 • Overland Park, KS 66201-1391
913 676-5200

Additional Entity Supplement

Agency Name: _____

Instructions: (1) Include only one entity per section, with maximum of two entities per supplement (2) Attach additional supplements if needed (3) Sign and date each supplement

1. Name of Requested Additional Entity: _____

2. a. Agency Owned: Ownership _____%

b. Agency Personnel Owned: Ownership: _____%

Position in Agency: Owner(s)/Officer(s) Producer

Other: _____

c. Entity ownership since: Start-up

Start-up Date: ____/____/____ (Mo./Day/Yr.)

Acquisition

Acquisition Date: ____/____/____ (Mo./Day/Yr.)

3. Entity is: Active

Inactive Date operations ceased: ____/____/____ (Mo./Day/Yr.)

4. Operations of Additional Entity:

P&C Insurance Agency Life/Health Insurance Agency Real Estate

Other (Describe) _____

NOTE: Any prior claims against this entity in the last 5 years must be reported on the application.

1. Name of Requested Additional Entity: _____

2. a. Agency Owned: Ownership _____%

b. Agency Personnel Owned: Ownership: _____%

Position in Agency: Owner(s)/Officer(s) Producer

Other: _____

c. Entity ownership since: Start-up

Start-up Date: ____/____/____ (Mo./Day/Yr.)

Acquisition

Acquisition Date: ____/____/____ (Mo./Day/Yr.)

3. Entity is: Active

Inactive Date operations ceased: ____/____/____ (Mo./Day/Yr.)

4. Operations of Additional Entity:

P&C Insurance Agency Life/Health Insurance Agency Real Estate

Other (Describe) _____

NOTE: Any prior claims against this entity in the last 5 years must be reported on the application.

Signature: _____ Date: ____/____/____

Name: _____ Title: _____

(Please Print)