

Westport Insurance Corporation

SUPPLEMENTAL APPLICATION FOR "CLAIMS MADE" INSURANCE POLICY FOR INSURANCE AGENCY PROFESSIONAL LIABILITY (E&O)

Agency Name	Policy No.
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1. During the last 5 years, has there been a:		
a) Change in agency name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Change in agency ownership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Acquisition/Merger of book or agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. List the top 5 agency-contracted Property & Casualty Insurance Carriers by annual premium:	
Name of Insurance Carrier	Annual Premium
	\$
	\$
	\$
	\$
	\$

3. Does the agency write more than 50% of their business in non-resident states?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does the agency write more than 20% of their business for petroleum accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does the agency write any hazardous waste accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does the agency place any facultative or treaty reinsurance or serve as a reinsurance intermediary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: ____/____/____
 Name: _____ Title: _____