

Subject to Acceptance by

Westport Insurance Corporation

5200 Metcalf • P.O. Box 2879 • Overland Park, KS 66201-1397
(913) 676-5270

Mutual Funds & Investments/Securities Supplement

Agency Name: _____

1. Does anyone in the agency own or have any interest in a securities broker/dealer organization?..... Yes No
2. After inquiry of each agent/registered representative, are there any known circumstances or incidents which may result in an errors and omissions claim being made against the agent/registered rep? Yes No
If yes, what is the total number of these potential claims? _____
Complete a **Claim Supplement** for each potential claim. (Not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)
3. Have any errors and omissions claims or incidents been made against the agent/registered rep within the last 5 years? Yes No
If yes, what is the total number of these claims? _____
Complete a **Claim Supplement** for each claim/incident. (Not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)
4. Has any agent/registered rep been the subject of complaints filed and/or disciplinary action by any regulatory authority or convicted of a criminal activity? Yes No
If yes, provide a copy of the action pending or taken by the disciplinary body or judicial system.
5. Complete the following for each requested **Series 6 Agent/Registered Rep:**

Name of Broker/Dealer		Name of Agent / Registered Rep			Income	
					\$	
Agent/Registered Rep's prior 5 years of professional liability insurance: (✓ if "None" <input type="checkbox"/>)						
Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date If "Full Prior Acts", ✓ box	
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>

Complete the following for each requested **Series 7 Agent/Registered Rep:**

Name of Broker/Dealer		Name of Agent / Registered Rep			Income	
					\$	
Sub-Limit Requested: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000						
Agent/Registered Rep's prior 5 years of professional liability insurance: (✓ if "None" <input type="checkbox"/>)						
Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date If "Full Prior Acts", ✓ box	
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)