

Subject to Acceptance by

**Westport Insurance Corporation**

5200 Metcalf • P.O. Box 2391 • Overland Park, KS 66201-1391  
913 876-6200

**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)