

Subject to Acceptance by

Westport Insurance Corporation

5200 Metcalf • P.O. Box 2931 • Overland Park, KS 66201-1331
913 678-5200

Name / Ownership Change Supplement

Agency Name: _____

Name Change

1. Date of name change: ____/____/____ (Mo./Day/Year)

2. Provide agency's new legal entity name:

3. Indicate reason for name change:

- Merger/Acquisition (Complete Acquisitions & Mergers Supplement)
- Ownership Change (Complete "Ownership Change" Information below)
- Change in Organizational status: Incorporated Partnership/LLC/LLP Formed
- Marketing
- Other (Describe): _____

4. Is coverage requested for prior entity name? Yes No

Ownership Change

1. Date of Ownership Change: ____/____/____

2. Indicate reason for ownership change:

- Existing agency personnel obtained ownership
- New agency personnel obtained ownership
- Other (Describe): _____

3. a. Indicate the amount of ownership change: ____%

If more than 50%, please complete 3.b. & c. and attach insurance resume of new owner.

b. Who is responsible for liability from acts, errors and omissions, which occurred prior to the ownership change?

- Prior Owner(s) New Owner(s)

c. How is policy to be amended based on ownership change?

- Extended Reporting Period coverage will be purchased for current policy
- Assign current policy to the new owner(s)* ***Subject to underwriting approval**

4. a. As a result of the ownership change, is there any entity having a 10% or more interest in the agency or any subsidiary or affiliate of the agency? Yes No **If yes, please complete 4. b.-f.**

b. Affiliate's Name: _____ c. Ownership: ____%

d. Affiliate's Operations: Bank Insurance Real Estate/ Mortgage

Other: _____

e. Affiliation: Parent Company Sister Company Holding Company Joint Venture

f. What percent of agency revenue is derived from insurance placement for affiliated companies? ____%

Signature: _____ Date: ____/____/____

Name: _____ Title: _____

(Please Print)