

# Westport Insurance Corporation

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

<b>Agency Name</b>		<b>Policy No.</b>	
--------------------	--	-------------------	--

1. During the last 5 years, has there been a:			
a) Change in agency name?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
b) Change in agency ownership?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
c) Acquisition/Merger of book or agency?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <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?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
4. Does the agency write more than 20% of their business for petroleum accounts?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
5. Does the agency write any hazardous waste accounts?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
6. Does the agency place any facultative or treaty reinsurance or serve as a reinsurance intermediary?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_