Subject to Acceptance by

Westport Insurance Corporation
5200 Metcalf • P.O. Box 2991 • Overland Park, KS 66201-1391
913 676-5200

Name / Ownership Change Supplement

Agency Name:

	Name Change	
	Date of name change: (Mo./Day/Year) 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. bf. 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?%	
Siç	gnature: Date:	
Na	ame: Title: (Please Print)	