Subject to Acceptance by

Westport Insurance Corporation5200 Metcalf • P.O. Box 2991 • Overland Park, KS 66201-1391 913 676-5200

MUTUAL FUNDS & INVESTMENTS/SECURITIES PRODUCTS SUPPLEMENT

Age	ncy Name:	
1.	Does anyone in the agency own or have any interest in a securities broker/dealer organization?	☐ Yes ☐ No
2.	Is anyone in the agency involved in any fee-based financial planning activities?	
	If Yes, what were the total fees received from such activities in the last 12 months? \$	
	Provide a detailed explanation of these activities and attach any applicable contracts:	
3.	Is anyone in the agency, or the agency itself, a Registered Investment Advisor?	☐ Yes ☐ No
4.	Potential claims: 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.	
5.	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. (Claims Supplement not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)	
6.	In the last 10 years, has any agent/registered rep been the subject of complaints filed, investigations 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	

	Rep	Name of Bro	ker / Dealer			Annual Income
						\$
☐ Agency Owner/ Employee	☐ Exclusive i	independent con	tractor 🔲 N	lon-exclusive	indeper	ndent contractor
Agent/Registered Rep's prior 5	years of professi	onal liability insu	rance: (✓ if "N	lone" 🔲)		
Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date if "Full Prior Acts", v	
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	1 1	\$	\$	\$	/	/ 🗆
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	/ /	\$	\$	\$	/	/ 🗆
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Name of Agent / Registered I	кер	Name of Bro	ker / Dealer			
				Allocation and the second second and the second		Annual Income
Name of Agent / Registered I	кер	Name of Bro	ker/Dealer			
Name of Agent / Registered I	нер 	Name of Bro	ker / Dealer			\$
Name of Agent / Registered I Agency Owner/Employee		ndependent cont		on-exclusive	independ	
☐ Agency Owner/Employee	Exclusive in	ndependent cont		on-exclusive	independ	\$
☐ Agency Owner/Employee Sub-Limit Requested: ☐ \$5	Exclusive ir	ndependent cont	ractor N		independ	\$
	Exclusive in the control of the cont	ndependent cont	ractor N		Policy	\$ dent contractor y Retro Date
☐ Agency Owner/Employee Sub-Limit Requested: ☐ \$50 Agent/Registered Rep's prior 5	Exclusive in the control of the cont	ndependent cont 00,000	ractor	one" □)	Policy	\$ dent contractor y Retro Date ull Prior Acts",
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Complete the following for each requested Series 6 Agent/Registered Rep selling mutual funds:

7.