

# Westport Insurance Corporation

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

## 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

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c. Entity ownership since:  Start-up

Start-up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo./Day/Yr.)

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3. Entity is:  Active

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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)