

Westport Insurance Corporation

ADDITIONAL LOCATION SUPPLEMENT

Please complete the following grid if you indicated the Applicant Firm has more than one location, regardless of whether those locations are staffed or not staffed. Attach additional pages if necessary.

1. Address Location: Street: _____
Address Line 2: _____
City: _____
County: _____ State: _____ Zip: _____
 Check here if the location is not staffed

2. Address Location: Street: _____
Address Line 2: _____
City: _____
County: _____ State: _____ Zip: _____
 Check here if the location is not staffed

3. Address Location: Street: _____
Address Line 2: _____
City: _____
County: _____ State: _____ Zip: _____
 Check here if the location is not staffed

4. Address Location: Street: _____
Address Line 2: _____
City: _____
County: _____ State: _____ Zip: _____
 Check here if the location is not staffed

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

Signed: _____ Date: _____
Partner, Officer and/or Owner

Title Name of Firm

THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.