

MUTUAL FUNDS & INVESTMENTS/SECURITIES PRODUCTS SUPPLEMENT

Agency 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? Yes No

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.

7. Complete the following for each requested **Series 6** Agent/Registered Rep **selling mutual funds**:

Name of Agent / Registered Rep		Name of Broker / Dealer			Annual Income
					\$
<input type="checkbox"/> Agency Owner/ Employee <input type="checkbox"/> Exclusive independent contractor <input type="checkbox"/> Non-exclusive independent contractor					
Agent/Registered Rep's prior 5 years of professional liability insurance: (✓ if "None" <input type="checkbox"/>)					
Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date if "Full Prior Acts", ✓ box
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>

Complete the following for each requested **Series 7** Agent/Registered Rep **selling stocks, bonds, investment trusts or limited partnerships**:

Name of Agent / Registered Rep		Name of Broker / Dealer			Annual Income
					\$
<input type="checkbox"/> Agency Owner/Employee <input type="checkbox"/> Exclusive independent contractor <input type="checkbox"/> Non-exclusive independent contractor					
Sub-Limit Requested: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000					
Agent/Registered Rep's prior 5 years of professional liability insurance: (✓ if "None" <input type="checkbox"/>)					
Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date if "Full Prior Acts", ✓ box
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>

Signature: _____ Date: _____

Name: _____ Title: _____
(Please Print)