

# 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.*