



### Mutual Funds Supplement

Brokerage/Agency Name:

\_\_\_\_\_

\_\_\_\_\_

1. Does anyone in the brokerage/agency own or have any interest in a securities broker/dealer organization? .....  Yes  No
2. 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.** (Not required for claims or incidents previously reported Westport Insurance Corporation's Claims Dept.)
3. 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.** (Not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)
4. Has any agent/registered rep been the subject of complaints filed 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.
5. Complete the following for each requested Agent/Registered Rep:

Name of Broker/Dealer	Name of Agent / Registered Representative	Professional Designations	Income
			\$

**Sub-Limit requested for Mutual Funds**  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

Agent/Registered Rep's prior 5 years of professional liability insurance: (✓ if "None" )

Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Coverage Retro Date if "Full Prior Acts", ✓ box	
ERC	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
	/ /	\$	\$	\$	/ /	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)