

Westport Insurance Corporation

OUTSIDE INTEREST SUPPLEMENT

Please complete the following grid if you indicated that the firm or any lawyer proposed for this insurance (1) is an employee of any organization other than the applicant, (2) acts as a director, officer, partner trustee or exercised managerial or fiduciary control over any for-profit business other than the applicant or (3) owns, manages, have financial control or equity interest in any for-profit business other than the applicant. Use additional pages if necessary.

Legal Name of Entity	Name of Lawyer	% of equity interest	Privately Held (PR) or Publicly Held (PU)	Client of the Firm? (Y/N)	Separate D & O Insurance? (Y/N)	Position Held*

* Please utilize the following codes: None (N); Officer (OF); Director (D); Trustee (T); Owner (OW); Partner (P); General Partner of Limited Partnership/LLP (LLP); Employee (E); Receiver (R); Clerk (C); Secretary (S); Assistant Secretary (AS); Other (OT)

Has there been any claim, suit, or are you aware of any circumstances that could result in a claim arising out of your activities with any of these entities? *If yes, please provide details & complete a claim supplement.*

☐ Yes ☐ No

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

Signature

Date

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.