

Westport Insurance Corporation

OTHER APPROVED CARRIER APPLICATION REPRESENTATION STATEMENT

Firm Name: _____

Effective Date Requested: _____

Re: Westport Insurance Corporation Application for Agents Professional Liability Insurance

The undersigned represents that I have reviewed the package of documents attached hereto in support of the application for professional liability insurance and that to the best of my /our knowledge, the information given in the _____ application dated _____ and attachments is/are unchanged since it was completed and signed, including supplemental information provided.

The undersigned represents that other than claims or potential claims already reported in the _____ application dated _____ and loss history attached, I/we are not aware of any claim and/or circumstances, act, errors, or omissions that could result in a professional liability claim. Any related claim or potential claim matters have been reported on all subsequent application and to the appropriate carrier.

The undersigned represents that the statements set forth in the above referenced documents are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that these documents in support of application shall become the basis of any coverage that may be issued by Westport Insurance Corporation.

The undersigned understands and agrees that:

- In lieu of requiring your agency to complete a Westport Insurance Corporation New Business Application, Westport will use the above referenced documents attached hereto together with this Other Approved Carrier Application Representation Statement in the underwriting of this account and will rely on the truth and accuracy of the information contained therein; and
- This document along with an approved carrier's current application and all supplements/attachments must be signed and dated by a named partner, officer and/or owner; and
- I/we hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation; and
- The completion of this Other Approved Carrier Application Representation Statement does not bind Westport Insurance Corporation to issuance of an insurance policy.
- Any policy issued will provide coverage on a claims-made and reported basis for only those claims that are made against the insured and reported while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

The undersigned agrees and acknowledges that should Westport Insurance Corporation requests supplemental documents and information in addition to the to the documents referenced above that the undersigned is under the continuing duty to provide documents and information that is true, complete and accurate and with no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that any documents in support of the application for professional liability insurance shall become the basis of any coverage that may be issued by Westport Insurance Corporation.

OTHER APPROVED CARRIER APPLICATION REPRESENTATION STATEMENT MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER.

Please print name of partner, officer and/or owner signing this Other Approved Carrier Application Representation Statement:

Signed: _____
Partner, Officer and/or Owner Title

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the document(s) in support of application for insurance that occur after the date of this application and before policy inception.

Submitting Insurance Producer: _____ Producer License No: _____