

INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS APPLICATION

Supplement – Purchased or Merged Agency

Applicant's Instructions: A separate supplement should be completed for each purchase or merger; complete the General Application and other applicable supplements as it applies to the agency being purchased or merged with just prior to the merger/acquisition or send of copy of the latest application completed for this agency; if the space allotted is not adequate, provide details as a separate attachment; complete, sign and date the supplement in ink.

1. Named Insured: _____
2. Policy Number: _____
3. Name of Purchased/Merged Applicant: _____
4. Would purchased/merger firm retain same name? Yes No
If no, what name would they provide future services under? _____
5. Type of Transaction: Purchase Merger
6. Effective Date of Transaction: (MM/DD/YYYY)
7. Did the acquired or merged Applicant purchase an extended reporting period (ERP) from their previous E&O carrier? Yes No
If yes, for what period of time was the ERP purchased? _____
Please provide copy of current E&O policy.
8. Did the Named Insured assume liability for prior acts of the purchased or merged entity? Yes No
If yes, attach a copy of the agreement or separate attachment describing details of assumed liability.
9. Is there a written purchase, buy/sell or merger agreement between the parties? Yes No
If yes, attach a copy of the agreement.
If no, include a separate attachment describing each party's legal responsibilities for prior errors and omissions.
10. During the past 5 years has the Applicant, any predecessors in business, past or present directors, officers, partners or principals, employees or independent contractors had their professional license revoked, suspended, fined or disciplined; been the subject of any investigation by any state insurance department, regulatory body or professional organization; or convicted of any felony charge? Yes No
If yes, provide details as a separate attachment.
11. Has similar insurance on behalf of the Applicant any predecessors in business, past or present directors, officers or principals been non-renewed, cancelled, or rescinded? Yes No
12. During the past five (5) years has any claim been made or suit brought against the Applicant, any other predecessors in business, past or present directors, officers, partners or principals, employees or contractors? Yes No
13. Is the Applicant, any other predecessor in business, past or present directors, officers, partners or principals, employees or contractors aware of any fact, circumstance, or situation which may result in a claim being made against the Applicant or covered individuals? Yes No

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Print Name

Title

Signature

Date