



**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 a 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.

**Purchased or Merged Agency Supplement**

1. Named Insured: \_\_\_\_\_
2. Certificate (Policy) Number: \_\_\_\_\_
3. Name of Purchased/Merged Applicant: \_\_\_\_\_
4. Address of the Purchased/Merged Applicant: \_\_\_\_\_
5. Type of Transaction: . . . . . Purchase  Merger
6. Effective Date of Transaction: . . . . . \_\_\_\_\_
7. Did the acquired or merged Applicant purchase an optional extended reporting period (ERP) from their previous E&O carrier? . . . . . Yes  No   
*If yes, answer the following*  
For what period of time was the ERP purchased? \_\_\_\_\_  
Who is the insurance carrier for the ERP? \_\_\_\_\_
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 or 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.*

**E&O Insurance**

*If the answer is yes to any of the following, provide details as a separate attachment. The responses need to be answered as it applies to the basic application **and** all supplemental coverages desired.*

11. List similar insurance carried by the Applicant during the past five (5) years. Check if none

Carrier	Policy Period	Policy #	Limits	Premium
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12. Has an application for similar insurance on behalf of the Applicant, other predecessors in business, past or present directors, officers or principals been non-renewed, canceled, or rescinded? . . . . . Yes  No
13. 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   
*If yes, complete the claims supplement for each claim.*

14. Is the Applicant, any other predecessors 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

*If yes, complete the claims supplement for each claim.*

15. Does Applicant desire Prior Acts coverage? .....Yes  No

If yes, what is the date of Applicant's earliest P&C E&O policy(s) continuously in place? \_\_\_\_\_

16. Desired Policy Effective Date: \_\_\_\_\_

**Signature and Representation**

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or its failure to report any act, omission or circumstance which Applicant is aware of may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorized the release of claim information to the Company from any current or prior insurer of the Applicant.

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)*

**THE COMPLETION OF THIS APPLICATION OR THE ATTACHED SUPPLEMENTS, OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY.**

Name Printed	Title
Signature	Date

Application must be signed by an owner, officer, partner or principal of the Applicant