

Specialty Lines

UNDERWRITERS

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MERGER OR ACQUISITION SUPPLEMENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS OR INDICATE "NOT APPLICABLE". If additional space is required for any answer, please attach a separate sheet.

1. a. Current Named Insured: _____
b. Policy Number: _____ c. Effective date of the merger or acquisition: _____
d. Requested entity to be added: _____

2. a. What was the name of the entity before the merger or acquisition? _____
b. What is the name of entity after the merger or acquisition? _____

3. What percentage of equity does the current named insured hold in the merged or acquired entity? _____ %

4. a. Did the merged or acquired entity carry E&O Insurance? Yes No

- b. If Yes, please indicate:

Limits: _____ Policy Period: _____ Retroactive Date: _____

- c. If Yes, was Extended Reporting Period coverage purchased as part of the merger or acquisition? Yes No

- d. If Yes to c. above, indicate the number of years Extended Reporting Period coverage was purchased for: _____

5. a. Were liabilities assumed by you as the acquiring company? Yes No

- b. If No, was Extended Reporting Period coverage purchased? Yes No

- c. If Yes to b. above, indicate the number of years Extended Reporting Period coverage was purchased for: _____

6. a. Indicate total annual revenue of the merged or acquired entity:

Current (last 12 months)	Projected (next 12 months)

- b. Indicate total number of employees of the merged or acquired entity:

Current (last 12 months)	Projected (next 12 months)

6. Please provide a description of operations of the merged or acquired entity: _____

7. a. Is the previous management remaining in place? Yes No

- b. If No, please explain how the operations will be managed: _____

8. Has the merged or acquired entity or any party associated or affiliated with the merged or acquired entity been subject to any disciplinary action by a regulatory authority of the state or federal government within the past five years? Yes No

If Yes, please explain on a separate sheet.

9. Have any errors or omissions claims been made against the merged or acquired entity, its past or present owners, partners, officers, employees or solicitors within the past five years? Yes No

If Yes, please complete an Information Sheet – Claims or Incidents.

10. After inquiry, does the merged or acquired entity, its predecessors in business or any other person for whom coverage is requested have knowledge of any actual or alleged act, error or omission or incident which may result in a claim being made? Yes No

If Yes, please complete an Information Sheet – Claims or Incidents.

REQUIRED ADDITIONAL DOCUMENTS TO BE SUBMITTED:

- Please provide five year hard copy loss runs captioning the acquired or merged entity. If not available, please attached detailed explanation why.
- If Argo Pro is picking up Prior Acts of the acquired or merged entity, please provide a copy of the expiring declaration page reflecting the retroactive date.

BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE INSURANCE COMPANY TO USE THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THEIR FILES FOR THE PURPOSE OF UNDERWRITING THIS INSURANCE. THE UNDERSIGNED IS AUTHORIZED BY AND ACTING ON BEHALF OF THE FIRM AND REPRESENTS THAT ALL STATEMENTS ARE TRUE, COMPLETE AND ACCURATE AND THAT THERE HAS BEEN NO SUPPRESSION OR MISSTATEMENT OF FACT AND AGREES THAT THIS APPLICATION SHALL BE THE BASIS OF COVERAGE. THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION WILL BE PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF ANY POLICY ISSUED BY THE COMPANY. THE ABOVE PROVISIONS DO NOT APPLY UNLESS THE APPLICATION IS PHYSICALLY ATTACHED TO THE POLICY.

I understand this supplement is attached to and is made part of the Insurance Professionals Errors and Omissions application and is subject to the same representations and conditions.

Signature of Applicant

(Must be signed by an active owner, partner, or executive officer)

Date

Title of Signing Applicant