



Acquisitions & Mergers Supplement

SUBMIT A COPY OF THE LAST APPLICATION COMPLETED, INCLUDING A FIVE YEAR LOSS RUN, FOR THE ACQUIRED BUSINESS IF THE SELLER OR MERGING ENTITY IS NOT CURRENTLY INSURED WITH WESTPORT INSURANCE CORPORATION.

Brokerage/Agency Name:

Effective Date of Merger/Purchase: ____/____/____ (Mo/Day/Yr)

Acquisition of Book of Business

- a. Is only a book of business being acquired? Yes No
- b. From whom is the book of business being purchased?
- c. Are the files being transferred as of the effective date of the acquisition or their respective renewal date
- d. Was extended reporting coverage purchased? Yes No
- e. What is the annual premium volume being purchased: \$ _____
- f. Split in the business: ____ % Personal Lines ____ % Commercial Lines ____ % Life

Acquisition of Legal Entity

- a. Is a legal entity being acquired? Yes No
If Yes, list name: _____

- b. Is the entity registered with RIBO? Yes No
- c. What is the annual premium volume of the entity that is being acquired: \$ _____
- d. Split in the business: ____ % Personal Lines ____ % Commercial Lines ____ % Life
- e. Were liabilities assumed? Yes No
- f. Was extended reporting coverage purchased? Yes No
- g. Do you wish to add the acquired entity as an Additional Insured to your E&O policy? Yes No
- h. Do you wish to add any entity, as a result of the merger, as an additional Insured to your E&O policy? Yes No
If Yes, list name(s): _____



Merging with Another Legal Entity

a. Is the brokerage/agency merging? Yes No

If Yes, list name: _____

b. Is the entity registered with RIBO? Yes No

c. What is the annual premium volume of the entity that you are merging with: \$ _____

d. Split in the business: _____ % Personal Lines _____ % Commercial Lines _____ % Life

e. Were liabilities assumed? Yes No

f. Is there any new legal entity name or "DBA" being formed for the combined operation? Yes No

If Yes, list name: _____

g. Do you wish to add any entity, as a result of the merger, as an additional Insured to your E&O policy? Yes No

If Yes, list name(s): _____

h. Was extended reporting coverage purchased? Yes No

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)