



## 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)