

Administered by:



**SUPPLEMENTAL APPLICATION D:  
Mergers and Acquisitions  
Supplement**

**CPA Cover**

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**INSTRUCTIONS FOR COMPLETING APPLICATION:**

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

**APPLICANT:** \_\_\_\_\_

1. Name of Firm purchased/merged: \_\_\_\_\_
2. Address of Firm purchased/ merged: \_\_\_\_\_

**THE FOLLOWING QUESTIONS PERTAIN TO THE NEWLY ACQUIRED FIRM**

3. Acquisition was by:
  - a. purchase (seller having no ownership interest in new firm) or
  - b. merger (former owners of Firm shown under item # 1. continue to have ownership interest in newly formed entity).
4. Did the purchase/merger involve assets and liabilities? Yes No    Assets only? Yes No
5. Did the purchase/merger result in a name change? Yes No  
If yes, explain. \_\_\_\_\_
6. Date of purchase or merger: \_\_\_\_\_
7. Annual revenue? \_\_\_\_\_                      Year business established? \_\_\_\_\_
8. As a result of the acquisition/merger does the Applicant offer new or additional services that were not offered by the Applicant before the acquisition/merger. Yes No    If yes, provide details:  
\_\_\_\_\_

9. Provide details about the acquired/merged Firm's Errors & Omissions coverage for the two years immediately preceding the acquisition/merger:

Carrier/Policy Number	Limit of Liability	Expiration: Month/Day/Year

10. Upon the acquisition/merger did the Firm purchase a tail from the prior carrier? Yes No    If yes, provide details including, effective date of the tail, limit of liability and the length of the tail.  
\_\_\_\_\_
11. Has any application for similar insurance on behalf of the acquired/merged Firm, or any of its partners, executive officers or directors, or to the knowledge of the acquired/merged Firm, on behalf of its predecessors in business ever been declined, cancelled or renewal refused? Yes No    If "Yes," explain in detail:  
\_\_\_\_\_

12. Give breakdown of the acquired/merged Firm's total staff prior to purchase/merger with Applicant. (Part time staff is to be considered same as full time.)
- a. Total active owners, partners, directors, officers and licensed producers: \_\_\_\_\_
  - b. Total employed Administrative Staff: \_\_\_\_\_
  - c. Total clerks, typists, telephone operators and other staff: \_\_\_\_\_
- Total Staff \_\_\_\_\_

13. During the past five (5) years, has any claim or notice of claim been made or suit brought against the acquired/merged Firm or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No If yes, attach a statement providing complete details.

14. Is the acquired/merged Firm, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors aware of any fact, circumstance situation, allegation, contention or incident which may result in a claim being made against the acquired/merged Firm, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors?

Yes No If yes, attach a statement providing complete details.

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)