

Westport Insurance Corporation

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ACQUISITIONS & MERGERS SUPPLEMENT

Agency Name: _____

COMPLETE THIS SECTION IF PURCHASING OR ACQUIRING A BOOK OF BUSINESS OR AN AGENCY

Buyer's Name: _____

Westport Policy #: _____

Seller's Name: _____

Westport Policy # (if applicable): _____

1. Effective Date of Purchase: ____/____/____

Purchasing the agency legal entity*, or

Purchasing the entire book of business* of an agency, or

(*If purchasing an entire book of business or the legal entity, please also complete a Westport application and include a five year loss run for the acquired business)

Purchasing only a portion of an agency's book of business

(Please provide information on prior E&O losses from that book of business. Provide 5-year loss run, identifying which claims resulted from the acquired book of business (if other than Westport).)

2. Were liabilities assumed? Yes No

3. Did seller purchase extended reporting coverage? Yes No

4. When does ownership of renewals begin? at renewal as each policy expires the entire book immediately

5. Do you wish to add the acquired legal entity as an additional insured to your E&O policy? Yes No

If Yes, list its complete name: _____

6. Will you retain use of the seller's:

a. Agency name? Yes No

b. Location? Yes No

If Yes, address: _____

c. Agency staff? Yes No

If Yes, the number of staff? _____

d. Prior management will remain? Yes No

7. Is any new entity name or "DBA" being formed that should be added to the policy? Yes No

If Yes, list its complete legal name: _____

8. If only purchasing a portion of an agency's book:

a. What is the purchased P&C premium \$ _____ and Life A&H commission \$ _____

b. Is the Seller currently carrying Insurance Agents E&O coverage? Yes No

If Yes, provide: Carrier name: _____

Policy Period: ____/____/____ to ____/____/____

Retro Date: ____/____/____

9. List classes of business making up more than 20% of the acquired book of business (examples: long-haul trucking, aviation): _____

COMPLETE THIS SECTION IF MERGER

Please also complete a *Westport* application, including a 5-year loss run, for the agencies with which you are merging (if not currently insured by *Westport*)

1. Effective date of merger? ____/____/____

2. List agency names / E&O carriers / policy numbers of all agencies merging:

Agency Name	E&O Carrier	Policy Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. What will be the First Named Insured under which all business will be placed? _____

4. Will merging individual agency names be maintained? Yes No

If No, list dates by entity name of entity termination:

Agency Name	Date Terminated
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

5. Were liabilities assumed for all entities? Yes No

6. Coverage desired for all entities under one policy separate policies

If on one policy, which policy will survive? _____

If on one policy, intent is to:

- Cancel all existing policies, all purchase discovery/tail coverages and rewrite onto a new policy
- Cancel all but one policy, purchase discovery/tail coverage and add that exposure without prior acts coverage to the surviving policy for _____
- Cancel all but one policy, add the exposure providing prior acts coverage to the surviving policy for _____

7. Merging agencies will be sharing: office space companies staff

Remarks: Use this section for additional information you wish to add:

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)