

Merger/Acquisition Supplement

1. Provide the names of all firms (or sole practitioners if appropriate) involved in the merger or acquisition PRIOR to the transaction: *If more than two firms, please continue with Firm "C", Firm "D" etc., on a separate sheet.*

Firm "A": _____

Firm "B": _____

2. Provide the names of all owners, partners, and officers in each firm PRIOR to the transaction:

Firm "A": _____

Firm "B": _____

3. Provide the name of the newly created Firm "AB": _____

—

4. Provide the names of all owners, partners, and officers in Firm "A" and Firm "B" who have joined the new Firm "AB" as any of the following: Employee, owner, partner, officer.

Firm "A": _____

Firm "B": _____

5. For any individual identified in question 2 that has not joined Firm "AB", please explain where this person will be practicing. (e.g., now a sole practitioner, joined another firm, retiring, in private industry) _____

—

6. Provide the date of the merger or acquisition: _____

7. Estimate the gross annual revenue for the new combined firm "AB" and all of its affiliates:

Estimate For Current Year	Estimate For Next Year
FYE: / / /	FYE: / / /
\$	\$

8. Will any PREVIOUS firm purchase an extended claim reporting period endorsement (ECRP)? Yes No

If "Yes", identify the firm and the length of the ECRP. _____

If "No", does the new combined firm "AB" want to cover the prior acts of the PREVIOUS firm? Yes No

Please be advised that this option is only available to qualified firms and is subject to underwriting approval.

If ALL previous firms had insurance through CNA, then stop here. If any previous firm was NOT insured by CNA, then go on to Page 2.

Must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, all firms and individuals requesting insurance through this application.

Signature of Applicant	Title	Date



Answer the following questions for EACH previous firm that was NOT insured by CNA.

9. Name of Previous firm that was not insured by CNA: _____

10. Gross annual revenue for the Previous firm and its affiliates:

Second Last Fiscal Year	Last Fiscal Year	Estimate For Current Year
FYE: / / /	FYE: / / /	FYE: / / /
\$	\$	\$

11. Within the past three years did this Previous firm perform audits of any publicly held companies? Yes No
If yes, complete the Public Audit Client Supplement.

12. After inquiry, is any member of this Previous firm aware of any:

a. professional liability claims made against them in the past 5 years? Yes No

b. act, error, omission or fee dispute which might reasonably be expected to be the basis of a claim or suit against them arising out of the performance of professional services for others? Yes No

If "Yes" to a. or b. above, complete a Claim/Incident Supplement for EACH claim, act, or incident.

13. a. Did the previous firm carry professional liability insurance? Yes No

If yes, provide Insurance Carrier _____ Policy Period _____

Policy Limits _____ Deductible _____ Premium _____

Claim expenses reduce limits of liability Claim expenses paid in addition to limits of liability

b. Indicate the prior acts date (also known as retroactive date) for your policy and attach a copy of your current declarations page including any prior acts endorsements:

Prior Acts Date ____/____/____ OR Full Prior Acts

c. Is your policy endorsed to provide coverage for any predecessor firms, firm affiliates, specific clients, special engagements, etc.? Yes No If yes, please attach a copy of such endorsements.

d. Is your policy endorsed to exclude coverage for any predecessor firms, firm affiliates, specific clients, special engagements, etc.? Yes No If yes, please attach a copy of such endorsements.

14. Within the past five years, has the firm, firm affiliates or their personnel been declined, canceled, or non-renewed for professional liability insurance for any reason other than nonpayment of premium? Yes No
(This question is not applicable to Missouri residents) If yes, please attach a detailed explanation.

Along with this application please attach the following:

- A copy of your most recent professional liability application.
- A copy of your current insurance declarations page and all endorsements.
- Any supplement for additional information

Must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, all firms and individuals requesting insurance through this application.

Signature of Applicant	Title	Date