

**Real Estate Professionals
Errors and Omissions Insurance Application**

Purchase or Merger Supplement

Applicant's Instructions: A separate supplement should be completed for each purchase or merger; complete the general Application and other applicable supplements as it applies to the agency being purchased or merged with just prior to the merger/acquisition or send of copy of the latest application completed for this agency; if the space allotted is not adequate, provide details as a separate attachment; complete, sign and date the supplement in ink.

1. Name of Applicant or Insured: _____
2. Type of Transaction: Purchase Merger
3. Effective Date of Transaction: _____ (MM/DD/YYYY)
4. Name of purchased/merged firm: _____
5. Would purchased/merger firm retain same name? **Yes** **No**
If no, what name would they provide future services under? _____
6. Did the acquired or merged firm purchase an extended reporting period (ERP) from their previous E&O insurance carrier? **Yes** **No**
If Yes, for what period of time was the ERP purchased? _____

Please provide copy of current E&O policy.

7. Did the Applicant assume liability for prior acts of the purchased or merged entity? **Yes** **No**
If yes, attach a copy of the agreement or separate attachment describing details of assumed liability.
8. Is there a written purchase, buy/sell or merger agreement between the parties? **Yes** **No**
If Yes, attach a copy of the agreement.
If No, include a separate attachment describing each party's legal responsibilities for prior errors and omissions.
9. During the past 5 years has the purchased or merged firm, any predecessors in business, past or present directors, officers, partners or principals, employees or independent contractors:
 - a. Had their professional license revoked, suspended, fined or disciplined? **Yes** **No**
 - b. Been the subject of any investigation by any state insurance department, regulatory body or professional organization? **Yes** **No**
 - c. Had any claim been made or suit brought against them? **Yes** **No**
 - d. Become aware of any fact, circumstance or situation which may result in a claim being made? **Yes** **No**

If yes to any part of question 9, provide details as a separate attachment.

I understand that the information submitted in this supplement becomes a part of my Real Estate Professionals Errors & Omissions Insurance application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date