

Supplemental Application A. Changes: Mergers, Acquisitions and Clusters

Name of Applicant: _____

A . Changes: For all mergers and acquisitions, attach that portion of the merger or purchase agreement that delineates each party's responsibility for agents acts, errors and omissions. For each change, merger or acquisition of ownership provide the following:

1. Name of entity acquired/changed/merged: _____
2. Date of acquisition/change/merger: (MM/DD/YYYY) _____
3. Was the name acquired/changed/merged entity retained?..... Yes No
4. Do principals under present entity, own 51% or better of changed/acquired/merged entity?..... Yes No
5. A . Assets and Liabilities acquired?..... Yes No
 B . Assets only acquired?..... Yes No
 C . Please attach the endorsement from your current E&O policy showing when the Asset (new entity) was added for prior acts coverage.
6. Prior insurance agents errors and omissions coverage insurer and date of termination of changed/acquired/merged entity:

7. Supplemental extended reporting period purchased from prior entity's carrier?..... Yes* No
 * If yes, provide number of years purchased (or expiration date) and limit of liability below:

8. If an Asset and Liability purchase, did prior entity sustain any claims within the past 5 years?..... Yes* No
 * If yes, provide previous carrier claim history including date of claim, description and amounts paid or reserved by attachment to this application.

9. Estimated past year revenue of entity acquired/merged entity:..... \$ _____

10. A . Estimated total increase in staff due to entity acquired/changed/merged:..... _____ %
 B . **Licensed Staff:** # _____ **Unlicensed Staff:** # _____ **Staff selling Financial Products:** # _____

11. Will there be additional services/products offered by new entity that is not presently offered or performed by current applicant? Yes* No
 * If yes, provide complete description of services/products of new entity.

B . Name of Cluster: _____

1. a. Cluster entity is a(n): Corporation Partnership Association Trade Name
 b. Date Cluster established: (MM/DD/YYYY) _____
 c. List Applicant's ownership percentage in Cluster: _____ % d. Describe the services and/or market capabilities the Cluster provides the Applicant: _____
2. a . Is the Cluster licensed as an agency?..... Yes No
 b . Does the Cluster have any employees?..... Yes No
 c . Are Cluster employees licensed agents?..... Yes No
 d . Is the Cluster used for Marketing?..... Yes No
 e . Is the Cluster used for Premium Accounting?..... Yes No
 f . Does the Cluster own physical assets?..... Yes No
 g . Other (please describe) : _____

3. List top 5 carriers that have a contract or agreement held in the Cluster's name.

Insurance Carrier	Premium Volume \$	Predominant Coverage Placed	Years Represented #

4. List number of Cluster members:..... _____
5. Do any Cluster members share offices?..... Yes No
6. Have any errors and omissions claims been made against the Cluster entity? Yes No If "YES," please complete Claim Supplement C.
7. Attach copy of Marketing Materials, Marketing Plan and/or Vision Statement Copy Attached