

Subject to Acceptance by

**Westport Insurance Corporation**

5200 Metcalf • P.O. Box 29991 • Overland Park, KS 66201-1391  
913 678-5200

**Acquisitions & Mergers Supplement**

Agency Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMIT A WESTPORT APPLICATION, INCLUDING A FIVE YEAR LOSS RUN, FOR THE ACQUIRED BUSINESS IF THE SELLER OR MERGING ENTITY IS NOT CURRENTLY INSURED WITH WESTPORT INSURANCE CORPORATION.**

1. Effective Date of Merger/Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo./Day/Yr.)

2. a. Is only a book of business being acquired? .....  Yes  No

b. Were liabilities assumed? .....  Yes  No

c. Was extended reporting coverage purchased? .....  Yes  No

3. a. Is a legal entity being acquired? .....  Yes  No

b. Were liabilities assumed? .....  Yes  No

c. Was extended reporting coverage purchased? .....  Yes  No

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

If Yes, list name:

\_\_\_\_\_  
\_\_\_\_\_

4. a. Is the agency merging? .....  Yes  No

b. Is there any new legal entity name or "DBA" being formed for the combined operation? .....  Yes  No

If Yes, list name:

\_\_\_\_\_  
\_\_\_\_\_

c. Were liabilities assumed? .....  Yes  No

d. Do you wish to add any entity, as a result of the merger, as an additional Insured to your E&O policy?  Yes  No

If Yes, list name(s):

\_\_\_\_\_  
\_\_\_\_\_

e. Was extended reporting coverage purchased? .....  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Please Print)