Agency Name:	
Policy No.	

ACQUISITIONS & MERGERS QUESTIONNAIRE

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

Buyer's Name:			
Westport Policy #			
Seller's Name:			
Policy #			
1. Purchase date? Purchasing the Purchasing the	agency legal entity*, or entire book of business* of an agency, or a portion of an agency's book of business		
(*If purchasing an entire book of business or the legal entity of the acquired agency, please also complete an application, including a five year loss run, for the acquired business)			
2. Were liabilities assumed? Yes No			
Did seller purchase extended rep Yes No	porting coverage?		
4. When does ownership of renewa	als begin? at renewal date as each expires the entire book immediately		
5. Do you wish to add the acquired yes, list its complete name:	I legal entity as an additional insured to your E&O policy? If		
6. Will you retain use of the seller's	B. Location (list address)? Yes No 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? If Yes, list its complete name:		
8.	If purchasing only a portion of an agency's book of business, please provide:		
	 a. 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). 		
	b. list classes of business making up more than 20% of the acquired book of business. (examples: long haul trucking, aviation)		
9.	If only purchasing a portion of an agency's book, what is the P&C premium and Life A&H commission of the book of business being purchased?		
	P&C Premium: \$ Life & A&H Commission: \$		
10.	If only purchasing a portion of an agency's book, is the Seller currently carrying Insurance Agents E&O coverage? Yes No If Yes, provide:		
	- Carrier name: Retro Date:		
	COMPLETE THIS SECTION IF MERGER: ease also complete a Westport application, including a 5 year loss run, for the agency h which you are merging)		
1.	Effective date of merger?		
2.	List names of agencies merging:		
1	Will there be a common name under which all business will be placed or will individual names be maintained? Yes No (List the common name if applicable) Common Name:		
	Were liabilities assumed?		

5.	Coverage for both entities is desired under one policy. Which policy will survive?	
	Separate policies will be maintained for each entity.	
6.	If one policy is desired, is the intent to:	
	 Cancel both existing policies, both purchase discovery/tail coverages and rewrite onto a new policy? Cancel one policy, purchase its discovery/tail coverage and add that exposure to 	
	the other policy, purchase its discovery/fail coverage and add that exposure to the other policy for? Cancel one policy, add the exposure to the other policy for?	
	and provide prior acts coverage?	
7.	List names of E&O carriers and policy numbers for each agency:	
 8	Will the merging agencies be sharing: office space?	
0.	staff? If yes, number of staff? companies?	
Us	se this section for additional information you wish to add re the Acquisition or Merger:	
(A	gency Name)	
(S	ignature of Authorized Representative of Named Insured)	
/ T	itle) (Date)	
ι,	(Date)	