

ACQUISITION SUPPLEMENT

Insured Name: _____ Westport Policy Number: _____

Definition of Acquisition: Purchase of one agency's assets and/or liabilities by another agency.

In addition to this signed and dated supplement, please provide the following information:

- Current Valued 5-Year E&O loss run from acquired agency
- Most recent E&O application from acquired agency (**only if prior acts coverage of acquired agency is requested**)

1. Effective Date of Acquisition: ____/____/____

2. What did you purchase?
- The agency's **Legal Entity Name**;
 - The entire book of business of an agency; or
 - Only a portion of an agency's book of business;

3. Were liabilities for E&O prior acts assumed? Yes No

4. Did/will acquired agency purchase extended reporting coverage? Yes No

5. When does ownership of renewals begin? At Renewal As Each Policy Expires The Entire Book Immediately

6. Will you retain use of the acquired agency's:

a. Agency name? Yes No

b. Location? Yes No

If Yes, address: _____

c. Agency staff? Yes No

If Yes, the number of staff? _____

d. Prior management will remain? Yes No

7. As a result of this acquisition, do you wish to add any Additional Named Insured(s) to your policy? Yes No

If Yes, provide **Legal Entity Names** or DBA's:

8. Provide purchased: P&C Premium: \$ _____ Life/A&H Commission: \$ _____

9. a. Acquired agency's name: _____

b. Is the acquired agency currently carrying Insurance Agents E&O coverage? Yes No

If Yes, provide: Current E&O Carrier Name: _____

Westport Policy # (if applicable): _____

Policy Period: ____/____/____ to ____/____/____

Retro Date: ____/____/____

If you are attaching a copy of the acquired agency's most recent E&O application and it includes the following information, please disregard questions 10-12.

10. Provide a breakdown of the Type and Percentage of insurance business acquired

Commercial Lines	Amount	Life Insurance & Annuities	Amount
Commercial Auto	%	Annuities - non-variable	%
BOP/CGL/Package	%	Annuities - variable	%
Umbrellas/Excess	%	Credit Life	%
Property Coverage	%	Group	%
Crop Coverage	%	Individual	%
Workers Compensation	%	Other (List):	%
Flood	%		
Wet Marine	%		
Livestock Mortality	%	A & H Insurance	
Medical Malpractice	%	Group – Carrier Insured	%
Professional Liability Non-Medical	%	Group – Self-Insured	%
Aviation	%	HMO/PPO/DSP	%
Bonds - Surety/Contract	%	Individual	%
Bonds - other	%	Disability – Individual	%
Long-Haul Trucking	%	Disability – Group	%
Other (List):	%	Other (List):	%
		LIFE, ANNUITIES + A&H	100%
TOTAL COMMERCIAL LINES:	%		
Personal Lines			
Auto-Standard	%		
Auto-Non-Standard	%		
Auto-Assigned Risk	%		
Homeowners & Standard Fire	%		
Non-Standard Fire/FAIR Plan	%		
Watercraft	%		
Umbrella	%		
Flood	%		
Farmowners	%		
Other (List):	%		
TOTAL PERSONAL LINES:	%		
COMMERCIAL + PERSONAL	100%		

11. Does the acquired business include any petroleum extraction, exploration, development, production, transportation, delivery, or storage exposures (not including retail fuel stations)? Yes No

If "Yes", Number of Accounts: _____ Annual Premium: \$ _____

12. Does the acquired business include any ancillary services outside of retail P&C and L&H placement (i.e. mutual funds, investment/securities, insurance consulting, PEO, etc.)? Yes No

If "Yes", please list all other activities and annual income. Attach additional pages if necessary.

REMARKS: Use this section for additional information you wish to include:

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print) (Owner, Officer or Partner)