



GENERAL INSURANCE COMPANY OF AMERICA

HOME OFFICE:
SAFECO PLAZA, SEATTLE, WASHINGTON 98185-0001

Insurance Professionals Errors and Omissions Insurance
Supplemental Application B — Mergers or Acquisitions

Name of Applicant: _____

1. Name of merged or acquired entity: _____

Address: _____

2. Effective date of merger or acquisition: _____

3. Is the merged or acquired entity operating under the Applicant's name? ☐ Yes ☐ No

If "NO", provide the name it uses: _____

4. Is there a written purchase, merger or buy/sell agreement between the applicant and the merged or acquired entity? ☐ Yes ☐ No

If "YES", please attach copy of contract, draft contract or letter of intent.

5. Did the Applicant assume the prior liabilities of the merged or acquired entity? ☐ Yes ☐ No

If "NO", what is the duration of the Extended Reporting Period? ☐ One Year ☐ Two Years ☐ Three Years ☐ None

6. List all carriers, NOT included on the Applicant's Insurance Professionals Errors and Omissions Application, with which the merged or acquired entity places coverage.

Carrier (provide complete name)	Applicant's Premium Volume	Predominant Coverages Placed

7. Total annual premium volume of the merged or acquired entity (for the last 12 months): _____

8. Has the merged or acquired entity or any party associated or affiliated with the merged or acquired entity been subject to any disciplinary action by a regulatory authority of the state or federal government within the past five years? ☐ Yes ☐ No

If "YES", please explain.

9a. Have any errors or omissions claims been made against the merged or acquired entity, its past or present owners, partners, officers, employees or solicitors within the past five years? ☐ Yes ☐ No

b. After inquiry, does the merged or acquired entity, its predecessors in business or any other person for whom coverage is requested have knowledge of any actual or alleged act, error, or omission or incident which may result in a claim being made? ☐ Yes ☐ No

If "YES", please complete Supplemental Application A for each claim or incident.

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I understand information submitted herein becomes a part of the Applicant's Errors & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant _____ Date _____
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: ☐ Owner ☐ Executive Officer ☐ Partner ☐ Member of LLC ☐ Other _____