



**GENERAL STAR INDEMNITY COMPANY  
 MERGERS AND ACQUISITIONS SUPPLEMENT  
 INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E & O)**

Agency Name: \_\_\_\_\_

1. Effective Date of Merger/Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please select only one of the following:**

- Purchasing the agency legal entity\*;
- Purchasing the entire book of business of an agency\*;  
*(\*If purchasing an entire book of business or the legal entity, please also complete a Gen Star application and include a five year loss run for the acquired business)*
- Purchasing only a portion of an agency's book of business;  
*(Please provide 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 Gen Star) or Merger*
- (Proceed to question 9)

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

Buyer's Name: \_\_\_\_\_

Gen Star Policy #: \_\_\_\_\_

Seller's Name: \_\_\_\_\_

Gen Star Policy # (if applicable): \_\_\_\_\_

2. Were liabilities assumed? .....  Yes  No

3. Did seller purchase extended reporting coverage? .....  Yes  No

4. When does ownership of renewals begin?  at renewal as each policy expires  the entire book immediately

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

**If Yes**, list its complete name: \_\_\_\_\_

6. Will you retain use of the seller'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. Is any new entity name or "DBA" being formed that should be added to the policy? .....  Yes  No

**If Yes**, list its complete legal name: \_\_\_\_\_

8. If only purchasing a portion of an agency's book:

a. What is the purchased P&C premium \$ \_\_\_\_\_ and Life A&H commission \$ \_\_\_\_\_

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

**If Yes**, provide: Carrier name: \_\_\_\_\_

Policy Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Retro Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

c. List classes of business making up more than 20% of the acquired book of business (examples: long-haul trucking, aviation): \_\_\_\_\_

**COMPLETE THIS SECTION IF MERGER**

Please also complete a *Gen Star* application, including a 5-year loss run, for the agencies with which you are merging (if not currently insured by *Gen Star*)

9. List agency names / E&O carriers / policy numbers of all agencies merging:

Agency Name	E&O Carrier	Policy Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. What will be the First Named Insured under which all business will be placed? \_\_\_\_\_

11. Will merging individual agency names be maintained? .....  Yes  No

If No, list dates by entity name of entity termination:

Agency Name	Date Terminated
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

12. Were liabilities assumed for all entities? .....  Yes  No

13. Coverage desired for all entities under .....  one policy  separate policies

If on one policy, which policy will survive? \_\_\_\_\_

If on one policy, intent is to:

- Cancel all existing policies, all purchase discovery/tail coverages and rewrite onto a new policy
- Cancel all but one policy, purchase discovery/tail coverage and add that exposure without prior acts coverage to the surviving policy for \_\_\_\_\_
- Cancel all but one policy, add the exposure providing prior acts coverage to the surviving policy for \_\_\_\_\_

14. Merging agencies will be sharing:  office space  companies  staff

**Remarks: Use this section for additional information you wish to add:**

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)