



Firm \_\_\_\_\_

**Merged or Acquired Firm(s) Supplement** **S-2.1**

1. List all businesses that your Firm has either merged with or acquired in the past five (5) years.

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

2. Complete the following information for each of the above noted Merged or Acquired businesses for which coverage is desired under the CAMICO Policy (Use a separate supplement for each such business).

- a. Name of business merged or acquired? \_\_\_\_\_
- b. Location/address of merged or acquired business? \_\_\_\_\_
- c. Number of owners of this merged or acquired business immediately prior to merger or acquisition? \_\_\_\_\_
- d. Number of owners who actually joined your Firm? \_\_\_\_\_
- e. What was the effective date of the merger or acquisition? \_\_\_\_\_
- f. What percentage of the billings were assigned to your Firm? \_\_\_\_\_
- g. Did the merged or acquired business carry professional liability insurance?  Yes  No

If answered "Yes":

- 1. Name of professional liability insurer? \_\_\_\_\_
- 2. Policy period? \_\_\_\_\_
- 3. Retroactive date? \_\_\_\_\_
- 4. Limits of liability? \_\_\_\_\_
- 5. Deductible? \_\_\_\_\_

h. Within the past five (5) years, have any claims or suits involving malpractice been made against the merged or acquired business, its subsidiary or affiliate entities, any partner, stockholder and/or professional staff person?  Yes  No

If "Yes", please complete **Prior and Existing Claim/Incident Supplement (S-10)**.

i. Are there any services that the merged on acquired business performed which are not being offered by the current Firm?  Yes  No

If "Yes", please explain. \_\_\_\_\_  
\_\_\_\_\_

3. List all businesses that your Firm has either merged with or acquired in the past for which coverage under this policy is not desired.

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

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature \_\_\_\_\_ Date \_\_\_\_\_