



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 _____