



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.

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2. Provide the following information for each of the above noted Merged or Acquired businesses for which prior acts 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? \_\_\_\_\_
6. Did this merged/acquired business purchase tail (Extended Reporting) coverage? ☐ Yes ☐ No
- 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 the **Prior and Existing Claim/Incident Supplement (S-10)**.
- i. Are there any services that the merged or acquired business performed which are not being offered by the current Firm? ☐ Yes ☐ No  
If "Yes", please explain. \_\_\_\_\_

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.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

### FRAUD WARNINGS – Residents of California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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