

Mergers & Acquisitions Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

I. INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

Provide the following information for each business the **Firm** has merged or acquired:

1. Name of business merged or acquired: _____
2. Office address of merged or acquired business: _____
3. Date of transaction: _____
4. Percentage of assets & liabilities merged or acquired: _____ %
5. Type of transaction: _____
6. Amount of revenues from merged or acquired business: \$ _____
7. Provide details of all ownership changes as a result of this transaction: _____

8. Please provide the number of professional staff acquired: _____
9. Provide a detailed description of the acquired businesses' services: _____
10. Did the merged or acquired business carry professional liability insurance? Yes No
11. Did the merged or acquired business purchase an Extended Reporting Period or Tail? Yes No
12. Within the past 5 past years, have any clams or suits involving malpractice been made against the merged or acquired business, any predecessor firm, affiliated firm or any of the businesses' current or former professional staff? Yes No
*If **You** answered "Yes", complete the Claim/Incident Supplement and provide a 5 year loss run if applicable.*
13. Is the merged or acquired or business changing their name? Yes No
If yes, please provide details and state documentation of change: _____

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
Please submit this "Questionnaire" including appropriate documentation to your agent.