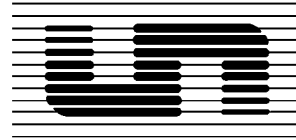




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## ACQUISITION OR MERGER SUPPLEMENT

*Note: A separate Acquisition or Merger Supplement should be completed for each acquisition or merger.*

1. Named Insured: \_\_\_\_\_
2. Effective date of the acquisition or merger: \_\_\_\_\_
3. Name & Address of the entity acquired or merged: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 4. Did the acquired or merged entity maintain Errors and Omissions insurance prior to the acquisition or merger?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did the acquired or merged entity purchase "tail" coverage (discovery period, optional extended reporting period or similar coverage) from their previous E&O carrier for claims resulting from acts prior to the acquisition or merger? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there assumption of the liabilities (i.e., responsibility from prior acts) of the acquired or merged entity?<br>If yes, provide details _____   | <input type="checkbox"/> | <input type="checkbox"/> |

7. Describe any provisions made for each entity's legal responsibilities for negligent acts, errors or omissions: \_\_\_\_\_

8. Is the acquired or merged entity continuing to operate under the name previously known to the public?  Yes  No  
 If no, provide the name: \_\_\_\_\_

9. Within the past five (5) years, have any errors or omissions claims been made against the acquired or merged entity or any past or present owner, officer, partner, solicitor or employee of the acquired or merged entity?  Yes  No  
 If yes, complete a Prior Claims Supplement for *each* closed claim when claim expenses (including defense costs), damages or loss exceeded \$5,000 and for *each* open claim.  
*No coverage will apply to any claims, suits or proceedings made against any insured before the Inception Date of coverage or any subsequent claims, suits or proceedings arising therefrom.*

10. With regard to the acquired or merged entity, does any insured or prospective insured have knowledge of any actual or alleged act, circumstance, situation, error or omission which may reasonably be expected to result in a future errors or omissions claim?  Yes  No  
 If yes, provide details: \_\_\_\_\_

*The coverage for which you are applying will not insure any claims that can reasonably be expected to arise from any actual or alleged act, circumstance, situation, error or omission known to any of you before the Inception Date of the coverage.*

11. Check licenses held by acquired or merged entity:     Agent     Managing General Agent     Surplus Lines Broker  
     Broker     Life & Health Agent     Other (specify)

12. List states in which acquired or merged entity, partners, officers or employees are licensed: \_\_\_\_\_

13A. List *all* property/casualty carriers in which acquired or merged entity **directly** places business:

Complete Name of Carrier	Admitted	Non-Admitted	Yrs Rep'd	Annual GPW	Current Best Rating
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	_____

13B. List **all** Agents, Brokers and MGAs with which acquired or merged entity places property/casualty business (include **complete** name of property/casualty carrier and Annual GWP for previous year for each): \_\_\_\_\_

14A. List **all** life and health carriers (including HMOs, PPOs, DSPs, etc.) in which acquired or merged entity **directly** places business:

<b>Complete</b> Name of Carrier	Yrs Rep'd	Annual Net Commission*	Current Best Rating
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

*\*Net Commission is defined as gross commission plus fees less any payments to non-employee agents/brokers who are not to be covered by the applied for policy.*

14B. List **all** GAs, Brokerage GAs and MGUs with which acquired or merged entity places life and health business (include **complete** name of carrier and Net Commission for previous year for each): \_\_\_\_\_

15.

	Previous Year (20__)	Est'd This Year (20__)
a) Total Annual Property/Casualty GWP (exclude Life & Health):	\$ _____	\$ _____
b) Total Annual Net Property/Casualty Commissions and Fees:	\$ _____	\$ _____
c) Total Annual Net Life & Health Commissions and Fees:	\$ _____	\$ _____
d) Total Annual Net Commissions:	\$ _____	\$ _____
e) Is a significant change in <b>Annual Net Commission</b> anticipated in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, attach a detailed explanation.

16A. Percentage of Annual Property/Casualty GWP:

<b>Commercial Lines</b>		<b>Personal Lines</b>	
Standard-Auto/Fire/GL/Pkg/WC _____	Flood _____	Standard-Auto & Property _____	
Auto-Public & Livery _____	Livestock Mortality _____	Substandard Auto/Auto Plan _____	
Auto-Trucking _____	Medical Malpractice _____	Substandard-Fire/Windstorm _____	
Aviation _____	Pollution _____	Pleasure Boats _____	
Contract Surety _____	Prof Liab (Other Than Med Mal) _____	All Other Personal Lines _____	
Crop _____	Stop Loss _____		
Earthquake _____	Wet Marine _____		
Excess/Umbrellas _____	Worker's Comp (Self-Funded) _____	<b>TOTAL COMMERCIAL &amp;</b>	
Fire-Substandard/Fair Plan _____	All Other Commercial _____	<b>PERSONAL MUST EQUAL</b>	<b>100%</b>

16B. Percentage of Property/Casualty Business Placed As:

Agent _____	
Managing General Agent _____	
Broker _____	
Surplus Lines Broker _____	
Reinsurance Intermediary _____	
<b>TOTAL MUST EQUAL</b>	<b>100%</b>

17. What percent of Applicant's Annual GWP is placed as a retailer (on behalf of insureds)? \_\_\_\_\_ %

18. Other income:

Property/Casualty Consulting	\$ _____
Life & Health Consulting	\$ _____
Other (Specify): _____	\$ _____

19. In the past five years, has the Applicant: Yes    No
- a) Placed coverage for petroleum exploration and extraction, mineral exploration and mining, hazardous waste operations or operations with significant pollution exposures?
  - b) Specialized in any type of client, industry, class or line of business?
  - c) Placed coverage or had involvement with self insured/captives or risk retention groups?  
Placed coverage or had involvement with risk purchasing groups?
  - d) Assumed responsibilities to notify terminated employees (other than Applicant's own employees) of Life and Health Policyholders of their rights to benefits under "COBRA"?

*(If yes to any of the preceding, attach a detailed explanation)*

20. Provide a detailed explanation if Applicant is/or has been affiliated with or engaged in any of the following businesses or professions:

	Yes	No		Yes	No		Yes	No
Reinsurance Intermediary	<input type="checkbox"/>	<input type="checkbox"/>	Premium Finance Co.	<input type="checkbox"/>	<input type="checkbox"/>	Automobile Dealership	<input type="checkbox"/>	<input type="checkbox"/>
Third Party Administration	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Agency	<input type="checkbox"/>	<input type="checkbox"/>	Law Firm	<input type="checkbox"/>	<input type="checkbox"/>
Claim Adjustment Service	<input type="checkbox"/>	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	Accounting Firm	<input type="checkbox"/>	<input type="checkbox"/>
Safety & Engineering Service	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Appraisal Firm	<input type="checkbox"/>	<input type="checkbox"/>	Securities/Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>	Bank or Savings and Loan	<input type="checkbox"/>	<input type="checkbox"/>	Data Processing Consultant	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Service Facility	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>						

THIS ACQUISITION OR MERGER SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE ERRORS AND OMISSIONS LIABILITY CLAIMS MADE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature\*: \_\_\_\_\_ Date of Supplement: \_\_\_\_\_  
 Please Print Name and Title: \_\_\_\_\_

*\*Must be signed by an authorized representative that is an active owner, partner or executive officer of the Named Insured*