LANDYInsurance GREAT AMERICAN INSURANCE COMPANY Real Estate Professional Liability Insurance *Purchase/Merger Supplement – New York*



Applicant's Instructions: A separate supplement should be completed for each purchase or merger. Complete the general Application and other applicable supplements as they apply to the agency being purchased or merged with just prior to the merger/acquisition or send a copy of the latest application completed for this agency. If the space allotted is not adequate, provide details as a separate attachment. Complete, sign and date the supplement in ink.

1.	Name of Applicant or Insured:
2.	Type of Transaction: Purchase Merger
3.	Effective Date of Transaction://
4.	Name of purchased/merged firm:
5.	Would purchased/merger firm retain same name? Yes No If No, under what name would they provide future services?
6.	Did the acquired or merged firm purchase an extended reporting period (ERP) from their previous E&O insurance carrier? Yes No If Yes, for what period of time was the ERP purchased? <i>Please provide copy of current E&O policy.</i>
7.	Did the Applicant assume liability for prior acts of the purchased or merged entity? Yes No If Yes, attach a copy of the agreement or separate attachment describing details of assumed liability.
8.	Is there a written purchase, buy/sell or merger agreement between the parties? Yes No If Yes, attach a copy of the agreement.
	If No, include a separate attachment describing each party's legal responsibilities for prior errors and omissions.
9.	During the past 5 years has the purchased or merged firm, any predecessors in business, past or present directors, officers, partners or principals, employees or independent contractors:
	a. Had their professional license revoked, suspended, fined or disciplined? 🗌 Yes 📄 No
	b. Been the subject of any investigation by any state insurance department, regulatory body or professional organization? 🗌 Yes 🗌 No
	c. Had similar insurance non-renewed, cancelled or rescinded? 🗌 Yes 🔲 No
	d. Had any claim or suit brought against them? 🗌 Yes 🗌 No
	e. Become aware of any fact, circumstance or situation which may result in a claim against them? 🗌 Yes 🔲 No
	If Yes to any part of question 9, provide details:

I understand that the information submitted in this supplement becomes a part of my Real Estate Professional Liability Insurance application and is subject to the same representations and conditions.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Print Name

Title

Signature

Date



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