GREAT AMERICAN FIDELITY INSURANCE COMPANY
Real Estate Professional Errors & Omissions Insurance
Purchase/Merger Supplement

LANDYInsurance

GREAT**AMERICAN**®
INSURANCE GROUP

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? _____ *Please provide copy of current E&O policy.*

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c. Had similar insurance non-renewed, cancelled or rescinded? (**Notice to Missouri Residents: This question does not apply**) ☐ **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:

_____
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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 subjects such person to criminal and civil penalties.

CALIFORNIA FRAUD WARNING: 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.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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.

_____   _____
Print Name   Title

_____   _____
Signature   Date

Florida, Iowa and New Hampshire Agents Only, please provide the following: License #_____

Agent or producer name _____   Signature: _____