



**SPECIFIED PROFESSIONS MERGER, ACQUISITION OR FORMATION OF A SUBSIDIARY ADDENDUM**

Insured Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is this a:  Merger (complete **Merger** section only below)  Acquisition (complete **Acquisition** section only below)  
 Formation of subsidiary (complete **Subsidiary** section only below)

**MERGER:** (If applicable)

- Name of the entity the Insured is merging with? \_\_\_\_\_
- Is the Insured the surviving entity?  Yes  No
- Date of Merger? \_\_\_\_\_
- What effect will the merger have over the next 12 months or has it had on the following:  
Nature/Scope of operations: \_\_\_\_\_  
Location: \_\_\_\_\_  
Gross Receipts: \_\_\_\_\_

**ACQUISITION OR FORMATION OF A SUBSIDIARY:** (If applicable)

- Is our Insured being acquired?  Yes  No  
If yes, stop here and refer to the policy "Merger or Consolidation" section.
- Name & address of additional entity requesting coverage? \_\_\_\_\_  
\_\_\_\_\_
- What percentage ownership will there be in the entity requesting coverage? \_\_\_\_\_
- Describe the nature of operations of the entity requesting coverage?  
\_\_\_\_\_
- Date of acquisition or formation of the subsidiary? \_\_\_\_\_
- Has the additional entity or any person's proposed for insurance at the additional entity had any claims within the past 5 years related to the coverage being provided?  Yes  No  
If yes, explain \_\_\_\_\_
- What will the Gross receipts of the additional entity be over the next 12 months. \$ \_\_\_\_\_

**Sign below only if this is an Acquisition or formation of a Subsidiary**

The undersigned warrants that no claims are now pending against the additional entity nor is any person proposed for this Insurance at the additional entity aware of any fact, circumstance or situation which may result in a claim against the additional entity or proposed individual insured's of the additional entity.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(President or Chairperson)