



# UTICA MUTUAL INSURANCE COMPANY

NEW HARTFORD, NEW YORK

→ Note: Submit in Duplicate

THIS IS A CLAIMS-MADE POLICY

## APPLICATION FOR INSURANCE AGENTS AND BROKERS ERRORS AND OMISSIONS COVERAGE FOR A PURCHASED OR MERGED ENTITY

- Name of insured agency \_\_\_\_\_ Utica Policy No. \_\_\_\_\_
- Address of insured agency (Street) \_\_\_\_\_ Telephone: (Area Code) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
- Name of agency purchased/merged \_\_\_\_\_
- Address of agency \_\_\_\_\_

### THE FOLLOWING QUESTIONS PERTAIN TO THE NEWLY ACQUIRED AGENCY

- Acquisition was by purchase (seller having no ownership interest in new firm) \_\_\_\_\_ or merger (former owners of agency shown under item #3 continue to have ownership interest in new entity formed) \_\_\_\_\_  
Date of purchase or merger \_\_\_\_\_.
- Annual premium volume? \_\_\_\_\_ Year business established? \_\_\_\_\_  
Volume of sub-standard business? \$ \_\_\_\_\_
- Please give the **approximate** percentage breakdown of the total premium volume of the purchased/merged agency:

<b>→</b> <b>Answer</b> <b>All</b> <b>Sections</b> <b>A, B, C</b>	<b>A</b>		<b>B</b>		<b>C</b>	
	Agent.....	_____ %	Direct Production.....	_____ %	Aviation .....	_____ %
	Broker .....	_____ %	Brokerage		Marine (wet) .....	_____ %
	Managing General		Accepted .....	_____ %	Fire and Casualty .....	_____ %
	Agency .....	_____ %	Total	_____ %	Bonds.....	_____ %
	Surplus Lines		Commercial		Other .....	_____ %
	Broker .....	_____ %	Lines .....	_____ %		
	Consultant (for fee)..	_____ %	Personal Lines .....	_____ %		
	Total	_____ %	Total	_____ %	Total	_____ %

- List all markets with which the ACQUIRED agency placed more than 9% of its total volume, or, if not applicable, the top four markets used:

- |             |             |
|-------------|-------------|
| (1) _____ % | (4) _____ % |
| (2) _____ % | (5) _____ % |
| (3) _____ % | (6) _____ % |

Will the business be continued in these markets? \_\_\_\_\_

- Give Errors & Omissions coverage for last two years for the acquired agency:

Carrier	Policy Number	Expiration: Month/Day/Year
_____	_____	_____
_____	_____	_____

- Has any application for similar insurance on behalf of the acquired agency, or any of its partners, executive officers or directors, or to the knowledge of the named agency, on behalf of its predecessors in business ever been declined, cancelled or renewal refused? \_\_\_\_\_ If "Yes," explain in detail \_\_\_\_\_
- Have any claims been made or incidents arisen during the past five years against the acquired agency, their predecessors in business or any of the present partners or, to the knowledge of the insured agency, against any past partners or against any corporation that the agency was formerly employed by, associated with or had interest in? \_\_\_\_\_ If "Yes," attach a statement giving details and status of each claim including dates, amount of claim, deductibles, payments, open reserves.

12. Is the insured agency aware of any circumstances or any allegation or contentions of any incident which may result in any claim being made against the agency, their predecessors in business or any present or past partners? \_\_\_\_\_ If "Yes," attach a statement giving complete details.
13. Give breakdown of PURCHASED/MERGED agency's total staff prior to purchase/merger with Utica Mutual's insured. (Part time staff is to be considered same as full time.)
- (a) Total number of active owners, directors, officers: ..... \_\_\_\_\_
  - (b) Total clerks, typists, telephone operators and other staff: ..... \_\_\_\_\_
  - (c) Solicitors on **total** or **partial salary**: ..... \_\_\_\_\_
  - (d) Solicitors or office brokers on **commission** only to be **named** as additional insured: .... \_\_\_\_\_
- (Do not include those listed under (a), (b), or (c). (This is optional coverage.)
- (List Names) \_\_\_\_\_ Total Staff \_\_\_\_\_

**Fraud Warning** – For those states for which ACORD has developed a state-specific Fraud Warning, ACORD 63 (Arkansas, Colorado, Ohio & Oklahoma), such form must be read and signed by the applicant and attached to each copy of the application required to be submitted.

**For other states except Nebraska and Oregon:**  
**Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and subjects the person to criminal and [NY; Substantial] civil penalties. In VA and ME insurance benefits may also be denied.**

I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Utica Mutual Insurance Company, New Hartford, N.Y., and deemed a part thereof.

By owner, partner or officer (must be signed in ink) \_\_\_\_\_ Date \_\_\_\_\_

**One signed copy will be attached to the endorsement, if issued.** (Sign both copies in ink)  
**Signature to the form does not bind the Company to complete insurance.**