

ESI-EPL
Mergers & Acquisitions
Supplemental Questionnaire

This is an application for a claims-made and reported policy.



PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC.® -
UNDERWRITING FACILITIES
 1.800.761.7547 (512) 328.0677
 FAX (512) 327.5834
<http://www.plisinc.com>
 EMAIL underwriting@plisinc.com



1. Was this a merger or acquisition? _____ Date occurred: _____
2. What is/are the name(s) of the company(ies) that was/were merged or acquired? _____
3. Was the merger/acquisition unfriendly or hostile?.....YES NO
4. Was this a purchase of assets and liabilities or just assets? _____
5. How many employees were acquired?
 Full Time _____ Part Time _____ Seasonal _____ Temp/Leased _____ Contract _____ Union: _____
6. Were any employees/officers/managers/administrators terminated within 24 months of the date of merger/acquisition? YES NO
 If yes, how many? Employees: ____ Directors / Officers: ____ Employees/officers of Merged/Acquired Company?
7. How many severance packages were: Offered? _____ Accepted? _____ Were releases obtained? YES NO

FOR QUESTIONS 8 THROUGH 17, PLEASE PROVIDE INFORMATION OR DETAILS AS ATTACHMENT WHERE NEEDED

8. Did any of the terminated person(s) file a complaint or suit against the past or present company? YES NO
9. Any pending EEOC charges of the company acquired / merged? (If so, provide claim supplement for each)..... YES NO
10. Has the acquired / merged company had any reports of OSHA violations (fines / penalties)? YES NO
11. Has the acquiring / merging company had any government contract violations (“whistleblowing”)? YES NO
12. Has the acquired / merged company made ADA accommodations for any employees (schedules or requirements)? YES NO
13. Are any acquired / merged employees on FMLA leave? YES NO
If yes, provide names of individuals and if established records are maintained for a 24-month period.
14. How were acquired/merged employees transitioned to current company (terminations / rehires)? _____
15. Has the acquired / merged company had any Worker’s Compensation injuries? If so, provide the below on separate sheet:
 a. Name of employee _____ b. The nature of the injury _____ c. Date returning to work _____
16. Has the acquired / merged company had any Federal False Claims Acts claims? YES NO
17. Were any administrators or senior managers terminated during acquisition / merger? YES NO
If yes, provide names of individuals. _____
18. Do all acquired/merged employees follow the current company’s handbook, policies/procedures? YES NO
If yes, provide date implemented: _____ If no, provide explanation _____
19. Does any Director, Officer, Manager, Supervisor, Employee or Partner have knowledge of any Claim(s), fact(s), circumstance(s), situation(s), transaction(s) or event(s) as of the date this Application is signed, which could reasonably give rise to a claim and/or allegations or have any reasonable way to foresee that a claim may be brought? YES NO
If yes, please provide details on separate sheet.

It is agreed that if there is knowledge of any such Claim(s), fact(s), circumstance(s), situation(s), transaction(s) or event(s), any claim subsequently emanating there from shall be excluded from coverage under the insurance being applied for.

Please be aware of that an acquired or formed organization is not covered for Loss that results from an Insured Event that happened or first commenced before the Insured acquired or formed it; nor for Loss covered under any other insurance. Applicant understands that all of the above becomes part of and subject to all the terms & conditions of the completed ESI-EPL Application.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Date

Applicant’s authorized signature of a Principal Partner or Officer

Printed Name of Applicant’s authorized signature of a Principal Partner or Officer