

NOTE: Submit in Duplicate

Coverage is written on a claims-made basis and is subject to the claims-made notice on the basic application, 14-A-LEO.

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

1. Name of Insured Agency _____ Utica Policy No. _____
2. Address of Insured Agency (Street) _____ Telephone: (Area Code) _____
(City) _____ (State) _____ (Zip Code) _____
3. Name of Agency Purchased/Merged _____
4. Address of Agency _____
5. Email Address of Key Contact _____
Website Address _____

The Following Questions Pertain to the Newly Acquired Agency:

5. 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 _____.
6. Annual commission/fee income? _____ Year business established _____ Volume of substandard (surcharged/high risk) business \$ _____
7. Please give the **approximate** percentage breakdown of the total premium volume of the purchased/merged agency:

| A | B | C |
|---|--|--|
| Agent _____ % | Personal Production _____ % | Life, Individual _____ % |
| Personal Producing General Agent _____ % | Production Accepted from your agents _____ % | Life, Group _____ % |
| General Agent _____ % | | Health, Individual _____ % |
| Managing, Master or Brokerage General Agent _____ % | Total _____ % | Health, Group _____ % |
| Consultant (for fee) _____ % | | Annuities _____ % |
| | | Financial Products _____ % |
| | | P&C Products _____ % |
| | | Benefit, Pension Plan or Claims Administration _____ % |
| Total _____ % | | Total _____ % |

8. Please list all of the markets which ACQUIRED agency used in placing business.

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

Will the business be continued in these markets: Yes No

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

Carrier

Policy Number

Expiration: Month/Day/Year

10. 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 insured agency, on behalf of its predecessors in business; ever been declined, cancelled or renewal refused? _____ If "Yes," explain in detail _____

11. 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) Employees, solicitors, brokers, agents _____
 - (c) Other employees _____
 - (d) Sub-agents, (Non-employees) _____
- (Do not include those listed under (a), (b), or (c). (This is optional coverage.)

| Names of Sub-Agents with Professional Designations | General Agent | Carriers Represented | Years in Business | Commission from Life, Accident and Health Business Placed Through Applicant or General Agent |
|--|---------------|----------------------|-------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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 is 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 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.