



**REAL ESTATE AGENT'S 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: \_\_\_\_\_  
Employees - Complete **Employment Practices Liability (EPL)** section below if EPL coverage is provided  
Revenues - Complete **Gross Revenue** section below

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

- Is our Insured being acquired?  Yes  No  
If yes, stop here and refer to the policy "Changes in Exposure" 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 \_\_\_\_\_

**\*\*Complete Employment Practices Liability (EPL) section below if EPL coverage is provided.**

**\*Complete Gross Revenue section below.**

**\*GROSS REVENUE**

Complete for the next 12 months (all fees and commissions before expenses, including any fees, commissions, or bonuses payable to employees and independent contractors). Indicate gross revenue derived from the sale of property, **NOT** the value of properties sold.

Description	Projected Income Next 12 Months	Number of Transactions
Residential Sales (Including owned farms)*	\$ _____	_____
Commercial Sales (Including Residential properties over 4 units)	\$ _____	_____
Residential Property MGMT*	\$ _____	_____
Commercial Property Management	\$ _____	_____
Residential Real Estate Appraisal Fees*	\$ _____	_____
Commercial Real Estate Appraisal Fees (Complete addendum if over 35%)	\$ _____	_____
Mortgage Brokering	\$ _____	_____
Other; Describe _____	\$ _____	_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>_____</b>

\* Residential Real Estate means any property containing a single-family dwelling or multiple-family dwellings of up to 4 units. Any properties with more than 4 units are considered commercial.

**\*EMPLOYMENT PRACTICES LIABILITY (If applicable)**

1. Number of additional employees: Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_  
Independent Contractors \_\_\_\_\_ Leased \_\_\_\_\_ Other \_\_\_\_\_

2. Will the additional entity result in our Insured having any reorganization, downsizing, closing or reduction in staff over the next 12 months?  Yes  No

If yes, explain: \_\_\_\_\_

3. Has the additional entity requesting coverage had or do they anticipate any reorganization, closing, downsizing or reduction in staff in the past or next 12 months?  Yes  No

If yes, explain: \_\_\_\_\_

**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 \_\_\_\_\_