



HAMILTON

MERGERS & ACQUISITIONS SUPPLEMENTAL APPLICATION

Required documents, in addition to this application:

- Purchase and Sale Agreement
- Current Financial Statements
- Pro-forma Financial Statements
- Pre-Close Entity Level Organization Chart
- Post-Close Entity Level Organization Chart

APPLICANT INFORMATION

Legal name of Applicant:	
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Transaction Type:		
Merger	Acquisition	Asset Sale
Asset Purchase	Divestiture	Other (explanation required)

COVERAGE REQUESTED

Are you seeking an Extended Reporting Period? If yes, complete the section below.	Yes	No
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Coverage Line	Limits of Insurance	Number of Years

GENERAL INFORMATION

1. Pre-Close Ownership Breakdown		
Owner/Director/Officer Name	Percentage Owned	Owner, Director or Officer?
	%	
	%	
	%	
	%	
	%	

If additional space is needed, please provide information via separate attachment

2. Post-Close Ownership Breakdown		
Owner/Director/Officer Name	Percentage Owned	Owner, Director or Officer?
	%	
	%	
	%	
	%	
	%	

If additional space is needed, please provide information via separate attachment

TRANSACTION INFORMATION

3. What is the anticipated transaction date?

4. What is the expected final purchase or sale price? \$

5. How is the transaction being financed?

6. Please provide details on parties providing financing:			
Name of Entity	Amount Financed	Financing Type	Interest Rate
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/> %

7. Will all outstanding liabilities be satisfied upon the close of the transaction? If no, please explain in the Supplemental Information section. Yes No

8. Shareholders		
a. Have all shareholders been informed of the transaction? If no, please explain in the Supplemental Information section.	<input type="text"/> Yes	<input type="text"/> No
b. Were there, or are there, any dissenting shareholders? If yes, please explain in the Supplemental Information section.	<input type="text"/> Yes	<input type="text"/> No
c. How was the transaction communicated to shareholders?	<input type="text"/>	

9. Are you purchasing Representations and Warranties (R&W) coverage?		Yes	No
Carrier: <input type="text"/>	Limits: <input type="text"/>	<input type="text"/>	<input type="text"/>
Deductible: <input type="text"/> \$	Premium: <input type="text"/>	<input type="text"/>	<input type="text"/>

10. Please provide details on third parties involved with the transaction on your behalf:	
Name(s)	Area of Expertise
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If additional space is needed, please provide information via separate attachment

11. Do you anticipate any reduction in force, systematic lay-off, or any closure of any division, office, or facility?		Yes	No
a. If yes, will it occur prior to or post transaction?	<input type="text"/> Prior	<input type="text"/> Post	
b. What percentage of staff are expected to be impacted?	<input type="text"/> %		
c. Will you provide a severance package to each impacted individual?	<input type="text"/> Yes	<input type="text"/> No	
d. Will you obtain a signed waiver from each impacted individual?	<input type="text"/> Yes	<input type="text"/> No	

12. Do you anticipate any merger, termination, or freezing of any Fiduciary Plan? If yes, please explain in the Supplemental Information section. Yes No

13. Do you or any subsidiary expect any reduction in benefits, cessation of benefits, or increase in costs to Fiduciary Plan participants as a result Yes No



of any plan amendments anticipated in the next twelve (12) months? If yes, please explain in the Supplemental Information section.		
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LOSS HISTORY

For any "Yes" answers to the following questions, please provide detailed information in the Supplemental Information section of this application or provide separate attachments.

14. Is the applicant, any subsidiary or affiliate, or any director, officer, employee or any other person proposed for this insurance aware of any known losses, claims or suits that have not yet been reported? If "Yes", please complete supplemental claim/incident form for each.	Yes	No
15. Is the applicant, any subsidiary or affiliate, or any director, officer, employee or any other person proposed for this insurance aware of any act, error, omission, fact, circumstance, or records request from any attorney which may result in a claim? If "Yes", please complete supplemental claim/incident form for each.	Yes	No

SUPPLEMENTAL INFORMATION

Please use this section to provide additional details for Questions 14-15, or for any other questions requiring additional space for answers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



HAMILTON

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____