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MERGERS & ACQUISITION QUESTIONNAIRE

GENERAL

1. Name and address of acquisition, effective date and percentage of ownership.

2. Type of acquisition i.e., assets, stock, cash.

3. Name and address of subsidiaries acquired.

4. Status of acquisition after purchase; i.e., company will operate under and retain legal name; acquired company will be dissolved and operate as a separate company or

5. List of all current Directors and Officers, plant managers and insurance managers.

6. List of new Directors and Officers

7. Obtain copy of all Property, Casualty, and Marine insurance policies including:

(Check where policies are in force)

<input type="checkbox"/> Fire Insurance	<input type="checkbox"/> General/Public Liability
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Automobile Insurances
<input type="checkbox"/> Marine Insurance	<input type="checkbox"/> Excess Liability
<input type="checkbox"/> Business Interruption	<input type="checkbox"/> Aircraft Liability
<input type="checkbox"/> Boiler & Machinery	<input type="checkbox"/> Directors & Officers Liability
<input type="checkbox"/> Floater Policies	<input type="checkbox"/> Owners Contractors Protective
<input type="checkbox"/> Fidelity	<input type="checkbox"/> Travel Accident
<input type="checkbox"/> Surety Bonds	<input type="checkbox"/> Nuclear Liability
<input type="checkbox"/> Burglary & Robbery	<input type="checkbox"/> Fiduciary Liability
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> General/Public Liability
<input type="checkbox"/> Employer Practices Liability	<input type="checkbox"/> Other

- a. Secure premium and loss information on the above for the past five years. If the policies are subject to loss rating, loss divisor plans or retrospective plans, copies of the premium adjustments will be helpful.
- b. Secure copies of Certificates of Insurance and other insurance obligations required by auto lessors, banks, customers, special state filings.
- c. Copy of purchase order agreements, sidetrack agreements, lease agreements.
- d. Copy of major customers, purchase order agreements and other contractual indemnity and defense agreements.

- e. Annual sales by product line - and use of product line.
- f. Copies of product brochures.
- g. Name major suppliers and products supplied to you.
- h. Who is current bonding company and how are your bonds serviced?

PROPERTY

1. Values per location (i.e. Building, Contents and Stock, etc.).
2. Copies of site maps and plans.
3. Construction of each occupied (owned or leased) building (i.e. floors, walls, and roof).
4. Description of operations at each occupied building including other occupancies.
5. Are buildings equipped with automatic sprinkler system?
 - a. What is water supply (street main, gravity tank, pressure tank or combination thereof)?
 - b. Is there a water-flow alarm?
 - c. If so, is alarm connected to central station?
6. Are buildings with automatic fire alarm?
 - a. If so, is alarm connected to central station?
7. Approximate age of each building.

ELECTRONIC DATA PROCESSING

1. Location of data processing equipment:

- a. Address _____
- b. Floor No. _____
- c. Building Construction:
- Walls _____ Floors _____ Roof _____
- d. Fire Protection System _____
- Burglar Alarm System _____
- e. Person Responsible _____

2. Information on data processing equipment:

- a. Manufacturer and type _____ Model No. _____
- b. Owned \$ _____ Leased \$ _____ New \$ _____
- (Attach copy of lease)*
- Approximate total value of equipment \$ _____
- Media (Magnetic Tapes, Discs, Punch Cards, etc.)
- c. Type _____ Number _____ Approx. Value \$ _____
- Where Stored _____ Type Container _____

3. Extra expense information (For three months) \$ _____
- Estimate approximate amount for (For six months) \$ _____
- Maximum** length of shutdown: (For twelve months) \$ _____
- (only one time period should be indicated)*

INLAND MARINE

1. TRANSIT

- a. Estimated total annual value of all shipments.
- b. Of all shipments made at the insured's risk, indicate the percentage applicable to each of the following methods of shipping:

	Incoming	Outgoing	Interplant
Common Carrier Truck	_____%	_____%	_____%
Contract Truck	_____%	_____%	_____%
Owned Trucks	_____%	_____%	_____%

- c. Are shipments via common carrier made under Uniform Bill of Lading or Released Bill of Lading? If a Released Bill, explain terms.

- d. What is the maximum value per shipments?

The average value? _____

2. Contractors Equipment

- a. Location of Equipment
- b. Items of Equipment to be insured
- c. To what use is the equipment put?
- d. What is the *maximum* value of equipment?

On-site _____ Off-site _____

Average value of equipment _____

On-site _____ Off-site _____

GENERAL LIABILITY

1. Total sales for past year.
2. Total sales by products/operation for past year.
3. Provide loss history for past five years.
4. Factors of current plan.
 - a. Loss Limit
 - b. Basic
 - c. Loss Conversion
 - d. Tax
 - e. Minimum
 - f. Maximum
 - g. Premium discount (if any).

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

1. List all states in which employees are located.
2. Total payroll for last year.
3. Total number of employees.
Number of Salaried
Number of Hourly
4. Breakdown of employees and payroll by:
 - a. State
 - b. Classification
 - c. Class Code
5. Provide loss history for past five years.
6. Factors of current plan.
 - a. Experience Modification
 - b. Loss Limit
 - c. Basic Premium
 - d. Loss Conversion Factor
 - e. Tax Multiplier
 - f. Minimum
 - g. Maximum

AUTOMOBILE LIABILITY

1. Total number of licensed vehicles and ACV (Total)
 - a. Commercial
 - b. Private Passenger
 - c. Other

2. Provide loss history for past five years.

3. Factors of current plan.
 - a. Loss Limit
 - b. Basic Premium
 - c. Loss Conversion Factor
 - d. Tax Multiplier
 - e. Minimum
 - f. Maximum

PENSION TRUST LIABILITY

Furnish the following information for new plans by acquisition or creation.

1. Name of Plan (s)
2. Sponsor
3. Date Acquired
4. Copy of latest 5500 Form (Funded plans only)
5. Assets of plan
6. List of all welfare plans (include name, type and whether insured or self-insured)

7. Have plans been frozen, terminated or folded in? (*List separately*)

8. Details of any prior insurance of any of the plans.
 - a. Carrier
 - b. Liability Limits
 - c. Term
 - d. Canceled?

INTERNATIONAL

1. Address of foreign operation (s)

2. Nature of foreign operation (s)
 - a. Manufacturing
 - b. Warehouse
 - c. Licenses
 - d. Joint Venture — Percentage of Ownership

3. Estimated total of insurable values per operation
 - a. Building
 - b. Machinery and Equipment
 - c. Improvements and betterments
 - d. Stock (inventory)

4. Foreign Sales
 - a. Export
 - b. Foreign Manufacturers and foreign sold

5. What insurance is purchased locally?

Coverage	Insurance Co.	Policy No.	Period	Policy Limits	Premium

6. Number of owned, non-owned or hired vehicles by operation.

7. Remuneration

- a. Local
- b. Third country nationals
- c. U. S. Expatriates

8. Losses for past three years (Property, Liability, Auto, Fidelity)

Date	Description	Paid	Reserves	Total incurred

OCEAN AND RIVER MARINE

Please briefly describe and/or provide data as requested below. Copy of policies are also helpful wherever possible.

1. What imports and/or exports were made in the past, and what are your future plans?

Insured dollar volume and loss estimates by geographic area are needed, as well as a description of products, packing, warehousing and shipping methods. Copies of recent reports of shipments activity are also helpful.

2. If the inland or coastal waterways are utilized, please provide the appropriate data as generally requested in (1) above.
3. Vessel charter contracts containing “safe port”, safe berth” or other agreements which pass potential liability to the charterer are also important.

Names of vessels chartered, gross tonnage, voyages, cargo and copies of the agreements themselves are most important.

4. Do you own or bareboat charter vessel, watercraft of any type?

Type of vessel, insured values, ages, 3-5 years loss experience and navigation area, number of crew, use and copies of surveys, charters and mortgage agreements are needed.

5.
 - a. Is any waterfront landing owned or leased?
 - b. Please estimate the monthly number of non-owned equipment at each location and length of stay.
 - c. Also, gross receipts for ship repair or new vessel construction.

What are the locations and three to five years loss data for the above three items?

AVIATION

1. Hull and Liability

- a. Are any aircraft owned or operated by your company?
- b. If so, what makes and models?
- c. Is there any use of non-owned aircraft other than regularly scheduled airlines?
- d. Are any employees to be licensed pilots, and if so, are they employed as pilots?
- e. Do you charter any aircraft?

2. Aircraft Products and Grounding Liability

- a. Do you manufacture any products used in aircraft, missiles, satellites or spacecraft?
- b. If so, please provide a short description of these products and the amount of sales involved.

3. Airport Premises

- a. Are there any operations or owned or leased hangars on airports? If so, please provide a short description of these exposures.

TRAVEL ACCIDENT EXPOSURE QUESTIONNAIRE

Travel Exposure:

All Active, Full-time Employees of
the Policyholder under Age 70

1. Total number of employees _____
2. Average annual salary _____
3. Number of employees who travel 50 or more days
per year on the business of the policyholder _____
4. Total number of days traveled by those insureds
who travel less than 50 days per year on the
business of the policyholder _____

Are there any employees to be covered who are age 70 or over? If so, please indicate their name and date of birth.

ENVIRONMENTAL QUESTIONNAIRE AND DISCLOSURE STATEMENT

Address and location of the property:

Please respond to all questions. If unable to answer, please respond “unknown” or “not applicable.” Where space is inadequate to answer, please attach additional pages as needed.

1. Use of the Property.

- a. The present Owner (s) of the property is:
- b. The present occupant (s) of the property is:
- c. The previous and present use (s) of the property is:
- d. The previous and present use (s) of the adjacent properties is:
- e. Has the property or any adjacent property ever been used for industrial, manufacturing, refining or processing purposes? If so, please describe.
- f. Are there any disposal facilities, dump sites or facilities involving hazardous waste/toxic materials within a 2000 foot radius from the property that is now or previously was in operation? If so, please describe.

2. Asbestos.

- a. Do any buildings or other improvements located on the property contain asbestos? If so, please describe.
- b. Has a survey or study ever been conducted to assess the type, amount, location, condition, and/or cost or desirability of removal or encapsulation of asbestos? If so, please attach a copy of each survey, study or report.

3. Polychlorinated biphenyls ("PCB").

- a. Is PCB present on the property, in electrical transformers, capacitors, or other equipment, or otherwise? If so, please describe.
- b. Is PVB present in electrical transformers, capacitors, or other equipment not located on the property, but servicing the property? If so, please describe.
- c. Has there ever been PCB leak, spill or other contamination affecting the property? If so, please describe.

4. Storage tanks, drums and pipelines.

- a. Are any above or below ground gasoline, diesel, or other storage tanks located on the property? If so, please describe.
- b. Have any tanks been inspected or tested for leakage? If so, please attach the results.
- c. Are any tanks known to leak now or to have leaked in the past? If so, please describe.

- d. Are any chemicals stored on the property in drums or other containers? If so, please describe the types and quantities stored and the types and condition of drums or other containers.
- e. Have any drums or other containers been inspected or tested for leakage? If so, please attach the results.
- f. Are any drums or other containers known to leak now or to have leaked in the past? If so, please describe.
- g. Are any above or below ground pipelines located on the property? If so, please describe.
- h. Have any pipelines been inspected or tested for leakage? If so, please attach the results.
- i. Are any pipelines known to leak now or to have leaked in the past? If so, please describe.
- j. Have there been any spills, leaks, or other releases of chemicals on the property? If so, please describe the chemicals and quantities released, any cleanup measures taken, and the results of any soil or groundwater samples performed to detect the presence of the chemicals spilled, leaked, or released on the property.

- k. Please attach copies of any permits or licenses pertaining to any tanks or pipelines or to the use, storage, handling, or disposal of chemicals on the property.

5. Air emissions.

- a. Describe air emissions generated at the property and including fuel burning equipment and the type of fuel burned.
- b. Describe air pollution control equipment used to reduce emissions for each source of air emissions.
- c. Are air emissions monitored? If so, indicate frequency of monitoring and attach results.
- d. Please attach copies of any air permits or licenses pertaining to operations on the property.

6. Water discharges.

- a. Describe all sources of waste water discharges to surface waters, septic systems, or holding ponds, including average daily flow.
- b. Describe all sources of waste water discharges to public sewer systems, including average daily flow.
- c. Please attach copies of any water discharge permits or licenses pertaining to operations on the property.

7. Waste disposal.

- a. Describe the types of liquid wastes (other than waste water described above) and solid wastes generated at the property.
- b. Describe how the liquid and solid wastes generated at the property are disposed.

- c. Please attach copies of any waste disposal permits or licenses pertaining to operations of the property.
8. Pesticides, herbicides and agricultural chemicals.
- a. Have pesticides, herbicides or other agricultural chemicals ever been applied to the property? If so, please describe.
 - b. Have pesticides, herbicides or other agricultural chemicals ever been mixed, formulated, rinsed or disposed of on the property? If so, please describe.
9. Studies, reports, citations, and enforcement and clean up actions.
- a. Please attach a complete dated copy of each test, study, report, or assessment which has been performed or prepared with respect to the property's soil, air, or water conditions or quality or with respect to any other environmental condition or contamination affecting the property.
 - b. Has any public agency ever investigated or cited the property for violation or possible violation of any environmental law or commenced an enforcement or clean up action under environmental law with respect to the property? If so, please describe.
 - c. Has any public agency ever listed the property as a site requiring or qualifying for clean up under any environmental law? If so, please describe.
10. Names & Contact Info of Persons Providing Information: