



Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured And Other Named Insureds:

Mailing Address:

Telephone Number:	Web Address:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

Indicate Values Shipped during the past 12 months for each type of mail:

TYPE OF MAIL

<u>FIRST CLASS MAIL</u>	<u>VALUES SHIPPED</u>
1. Stock Certificates, Bonds, and other Securities:	
a. Non-Negotiable	\$ _____
b. Negotiable	\$ _____
2. Detached Coupons	\$ _____
3. Checks, Drafts, Money-Orders, Postage Stamps, Notes, and Other Documents of Value:	
a. Non-Negotiable	\$ _____
b. Negotiable	\$ _____
<u>CERTIFIED MAIL</u>	
1. Stock Certificates, Bonds, and other Securities:	
a. Non-Negotiable	\$ _____
b. Negotiable	\$ _____
2. Detached Coupons	\$ _____
3. Checks, Drafts, Money-Orders, Postage Stamps, Notes, and Other Documents of Value:	
a. Non-Negotiable	\$ _____
b. Negotiable	\$ _____
<u>U.S. POSTAL SERVICE EXPRESS</u>	
1. Stock Certificates, Bonds, and other Securities:	
a. Non-Negotiable	\$ _____
b. Negotiable	\$ _____
2. Detached Coupons	\$ _____
3. Checks, Drafts, Money-Orders, Postage Stamps, Notes, and Other Documents of Value:	
a. Non-Negotiable	\$ _____
b. Negotiable	\$ _____
<u>REGISTERED MAIL</u>	
1. Stock Certificates, Bonds, and other Securities:	
a. Non-Negotiable	\$ _____
b. Negotiable	\$ _____
2. Detached Coupons	\$ _____

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|---|----------|
| 3. Checks, Drafts, Money-Orders, Postage Stamps, Notes, and Other Documents of Value: | |
| a. Non-Negotiable | \$ _____ |
| b. Negotiable | \$ _____ |
| 4. Bullion, Platinum and other Precious Metals | \$ _____ |
| 5. Currency, Checks, Watches, Jewelry, and other Precious or Semi-Precious Stones | \$ _____ |

OPTIONS

- Transfer Agents Endorsement - covers securities mailed by Applicant when serving as a Transfer Agent. Provide number of packages mailed during the past 12 months for each type of mail shown on the front, and value of each package.
- Air Bill Endorsement - covers shipments made under air bill of airline carrier. Provide name of airline carrier(s).

- Securities sent by Federal Government Endorsement - covers securities sent to customers by government agencies at Applicant's request.
- Express Shipments Endorsement - covers shipments made through Federal Express, Emery Worldwide, Airborne Freight, and Purolator Courier. Provide values shipped during the past 12 months for each of the types of property shown in the First Class section on the front.

SHIPMENT AND LOSS INFORMATION

Describe Applicant's procedure for recording shipments:

Provide premium and loss information for the last 5 years:

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA: 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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

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

OKLAHOMA: 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.

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

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.