



Accountants Professional Liability Coverage
Pick-A-Premium Application

Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after the exhaustion of the limit of liability. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense costs).

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise, that have:

- 1. gross annual revenue of \$100,000 or less; and
2. revenue derived only from bookkeeping/write-ups/payroll, review, compilation, personal financial planning, investment advisory, tax-business, tax-individual, tax-estate and trust, management advisory, hardware/software consulting and sales, or forensic accounting/litigation support/investigative accounting services.

If any of the below apply to the firm, please complete the Travelers Accountants Professional Liability Coverage Application:

- 1. Gross annual revenues greater than \$100,000;
2. Provides international services, has international office locations, or outsources services to another entity; or
3. Renders audit, business valuation, forecast, projection, limited partnership or tax shelter syndication, merger and acquisition, securities, trustee, contract financial officer services, or any services not included above.

GENERAL INFORMATION

Form fields for General Information including: Legal Name of Firm, Year Established, Address, City, State, Zip, Mailing Address, Primary Contact Name and Title, Telephone Number, Web Address, Email Address, and Entity Type (Corporation, Sole Proprietorship, General Partnership, Limited Liability Corporation, Professional Association, Other).

If coverage is desired under this proposed policy for any entity that provides accounting services, other than the firm listed above, complete the Separate Entity Supplement.

Please indicate all areas of practice from which your firm derives revenue:

Form fields for areas of practice including: Bookkeeping/Write-ups/Payroll, Personal Financial Planning, Management Advisory, Hardware/Software Consulting and Sales, Compilations, Investment Advisory, Reviews, Forensic Accounting/Litigation Support/Investigative Accounting, Tax-Individual, Tax-Business, Tax-Estate and Trust.

Provide the following information if your firm currently carries professional insurance:

Table with 6 columns: Carrier, Policy Period, Limits, Retention, Premium, Retroactive Date.

APPLICANT INFORMATION

- 1. Is the firm’s annual revenue from the prior fiscal year, or anticipated revenue for the current fiscal year, more than \$100,000? Yes No
- 2. Is any member of the firm engaged in any non-accounting services on behalf of the firm, including services as an attorney, insurance agent, or registered representative? Yes No
- 3. If this firm is subject to peer review, has there ever been a time when this firm has not passed such a review? Yes No
- 4. Has any member of the firm:
 - a. been the subject of any disciplinary or regulatory investigation or inquiry? Yes No
 - b. had their professional license suspended or revoked? Yes No
 - c. been indicted for or convicted of a felony? Yes No

Travelers renewal customers do not need to answer questions 5. and 6.

- 5. Does the firm or anyone to whom this insurance would apply have knowledge of:
 - a. any claim against them in the past 5 years, or earlier if still pending, resulting from professional services? Yes No
 - b. any incident, act, error, or omission that may reasonably be expected to be the basis of a professional liability claim? Yes No
- 6. Has any person or entity seeking coverage under this proposed policy ever had their professional liability insurance nonrenewed or canceled? *(Missouri applicants: do not respond)* Yes No

If No to questions 1. through 6., you qualify for coverage under the Pick-A-Premium Plan. Please select a coverage option below.

If Yes to any question 1. through 6., please complete the Travelers Accountants Professional Liability Coverage Application.

PICK-A-PREMIUM PLAN (CHECK ONLY ONE)

Limits of Liability	Retention	Policy Term*	Defense Type and Annual Premium		
			Defense Costs Within the Limits	Defense Costs Within the Limits with Additional Defense Limit**	Defense Costs Outside the Limits
\$100,000/\$300,000	\$0	2 years	<input type="checkbox"/> \$325 per year	<input type="checkbox"/> \$400 per year	<input type="checkbox"/> \$450 per year
\$250,000/\$500,000	\$0	2 years	<input type="checkbox"/> \$425 per year	<input type="checkbox"/> \$525 per year	<input type="checkbox"/> \$575 per year
\$500,000/\$1,000,000	\$0	2 years	<input type="checkbox"/> \$600 per year	<input type="checkbox"/> \$675 per year	<input type="checkbox"/> \$725 per year
\$1,000,000/\$1,000,000	\$0	2 years	<input type="checkbox"/> \$725 per year	<input type="checkbox"/> \$800 per year	<input type="checkbox"/> \$850 per year

*Other terms available upon request.

**Not available in New York and Vermont.

Defense Costs Within Limits means the limits of liability are eroded by both damages and defense costs. Defense Costs Outside Limits means the limits of liability are eroded by damages only.

Limits of at least \$500,000/\$500,000 are required for Defense Costs Within Limits coverage in New Mexico and New York. Limits of \$1,000,000/\$1,000,000 are required for Defense Costs Within Limits coverage in Arkansas, North Dakota, and South Dakota. Defense Costs Within Limits Coverage is not available in Vermont.

Premiums above do not include any applicable state taxes or surcharges.

NOTICE REGARDING COMPENSATION

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

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.

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.

CALIFORNIA: 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.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will 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: Under Kansas law, 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 issuance 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 JERSEY, 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, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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 intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance—Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date:
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date:
Agency:		Agency Phone Number:

ADDITIONAL INFORMATION
