



Accountants Professional Liability Coverage Supplemental 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).

Complete the sections of this supplement as requested on the Accountants Professional Liability Coverage Application.

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

GENERAL INFORMATION

Legal Name of Firm:

SECTION I: ATTESTATION SERVICES SUPPLEMENT

Complete this section if non-financial statement, private entity, or publicly traded entity audit services are provided.

DESCRIPTION OF AUDIT OPERATIONS

- 1. Do client acceptance procedures for audit engagements require sign-off by a second partner or a committee prior to accepting a new engagement?
2. Are engagement letters for all audit services updated annually and signed by the client?
3. Does a second CPA experienced in audit services review all audit work papers and the audit report prior to sign off and release of the audit report?

NON-FINANCIAL STATEMENT AUDIT SERVICES

4. If the firm provides non-financial statement or other audit services such as compliance audits, internal audits, operational audits, or limited attestations, complete the following table for each client.

Table with 4 columns: Industry of Client, Annual Revenue of Client, Prior Fiscal Year Audit Fees, Audit Services Provided

PRIVATE ENTITY AUDIT SERVICES

5. If the firm provides audit services to private entity clients, complete the following table for each industry.

Table with 4 columns: Industry of Client, Number of Audits, Prior Fiscal Year Audit Fees, Number of Clients with Annual Revenues Over \$100M

Construction		\$	
Educational		\$	
Employee Benefit/Pension Plans		\$	
Entertainment/Media		\$	
Gaming/Tribal Entities		\$	
Government/Municipal		\$	
Health Care Institutions		\$	
Insurance Companies		\$	
Investment Companies & Funds		\$	
Manufacturing		\$	
Mining/Oil & Gas		\$	
Mortgage Brokers		\$	
Not-for-Profit		\$	
Real Estate Development/Management		\$	
Retail		\$	
Service Providers		\$	
Technology		\$	
Transportation/Aviation		\$	
Unions		\$	
Wholesale/Warehouse/Distribution		\$	
Other (specify):		\$	

**PUBLICLY TRADED ENTITY AUDIT SERVICES**

If the firm provides services to publicly traded entity clients, complete questions 6. through 8. and attach a copy of the firm’s most recent Public Companies Accounting Oversight Board (PCAOB) report.

6. Complete the following table for publicly traded entity audit clients.

Client Name or Stock Ticker	Annual Revenue of Client	Prior Fiscal Year Audit Fees	Date and Type of Last Report	Significant Uncertainties or Contingencies?	Going Concern Opinion?
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. At any time during the last 5 years (or 1 year for Travelers renewal customers):

- a. has the firm become aware of any client disagreements with a prior auditor, based on audit or review engagements of any publicly traded entity client or their employee benefit plans, which were new to the firm and not disclosed in the SEC filings?  Yes  No  
*If yes, identify the client and describe the circumstances of the disagreement in the Additional Information section of this supplement.*
- b. have any publicly traded entity clients been subject to regulatory inquiry or investigation with regard to financial statement reporting or disclosure matters?  Yes  No  
*If yes, identify the client and describe the nature of the investigation or inquiry in the Additional Information section of this supplement.*
- c. have any publicly traded entity clients or their employee benefit plans, for which the firm provided audit or review services, had their prior auditor issue corrected financial statements or withdraw or issue revised audit or review papers?  Yes  No

If yes, identify the client and list the years that the financial statements were corrected, or audit, or review reports were withdrawn or revised, and explain the reason for the statement or report correction, revision, or withdrawal inquiry in the Additional Information section of this supplement.

8. Provide the date the firm registered with the Public Company Accounting Oversight Board: \_\_\_\_\_

**SECTION II: EXECUTOR, ADMINISTRATOR & TRUSTEE SUPPLEMENT**

Complete this section if a member of the firm is an executor, administrator, or trustee of an estate or trust.

**DESCRIPTION OF ESTATES AND TRUSTS**

9. Provide the number of estates and personal, family, or charitable trusts with assets less than or equal to \$1,000,000: \_\_\_\_\_

10. Complete the following for all: 1) estates and personal, family, or charitable trusts with assets greater than \$1,000,000; and 2) trusts other than personal, family, or charitable, of any size:

Estate/Trust Name	Type <sup>(1)</sup>	Start Date of Engagement	Role: Executor, Administrator, or Trustee	Asset Value	Accounting Services Provided <sup>(2)</sup>	Beneficiary Interest?
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

(1) Key: B = Business; C = Charity/Charities; E = Estate; F = Foundation; P = Family Trust/Personal; R = Real Estate; O = Other (specify)

(2) Key: B = Bookkeeping; BP = Bill Paying; T = Tax; O = Other (specify); N/A = No accounting services

**ESTATE AND TRUST RISK MANAGEMENT**

11. Are there trust agreements in place for all trusts that define the specific duties of the trustee?  Yes  No

If no, explain: \_\_\_\_\_

12. Are any trustee duties delegated to others?  Yes  No

If yes, describe the procedures in place to monitor the acts of others performing trustee services: \_\_\_\_\_

13. Does the firm have a written policy prohibiting:  
 a. the use of trust funds to invest in entities where the trustee, the firm, or a related individual or entity holds a financial interest or management position?  Yes  No

b. the use of trust funds as loans to the trustee, the firm, or owners, or employees of the firm?  Yes  No

If no to a. or b., explain: \_\_\_\_\_

14. Is an independent audit conducted for all trusts?  Yes  No

If yes, who is conducting the audit and what is the frequency? \_\_\_\_\_

If no, explain: \_\_\_\_\_

15. Does the firm have a policy requiring that any accounting services be either performed or reviewed by a firm member other than the executor, administrator, or trustee?  Yes  No

If no, explain: \_\_\_\_\_

16. Do services as trustee include investment decisions resulting in the purchase or sale of securities, real estate, or other investments?  Yes  No

a. If yes to 16, provide details: \_\_\_\_\_

- b. *If yes to 16, does the firm, or any of its members, receive a commission or fee from the purchase or sale of such securities, real estate, or other investments?*  Yes  No
- c. *If no to 16, are the services of a professional money manager or investment advisor used to manage investments?*  Yes  No
- If no to c., explain:* \_\_\_\_\_

### SECTION III. PERSONAL FINANCIAL PLANNING & INVESTMENT ADVICE SUPPLEMENT

Complete this section if personal financial planning or investment advisory services are provided. Personal financial planning or investment advice is a service in which the accountant provides the client with financial, economic or investment advice, including investment management services, personal financial planning, and investment advice.

17. Provide the following information for all financial planning or investment advisory services in the chart below.

Services	Compensation		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Preparing financial plan or asset allocation modeling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Recommending specific investment products (individual stocks or mutual funds, bonds, or other investments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Discretionary asset management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Non-discretionary asset management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Conducting investment transactions for clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Other financial planning, portfolio management or investment advice, or assisting in the buying or selling of real estate ( <i>If yes, attach a description.</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other:

18. Does the firm require a signed engagement letter or contract, updated annually, describing the client's personal financial planning and investment goals, and outlining both the services the firm will provide and the client's responsibilities?  Yes  No

19. Complete the following if the firm recommends any investment products.

% Revenue	Products	<input type="checkbox"/> Yes <input type="checkbox"/> No
%	Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Variable Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fixed Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Life/Health/Disability/Accident Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
%	Listed Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Property/Casualty Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
%	Unlisted Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Foreign Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Options and Futures	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Real Estate Investment Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Private Placements	<input type="checkbox"/> Yes <input type="checkbox"/> No
	General and Limited Partnerships	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Viatical Settlement	<input type="checkbox"/> Yes <input type="checkbox"/> No
%	Derivatives	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hedge Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other: (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Do you provide any discretionary asset management services?  Yes  No

*If yes, provide the following:*

a. Current/projected fiscal year revenue: \$ \_\_\_\_\_

b. Prior fiscal year revenue: \$ \_\_\_\_\_

c. Type of transactions handled: \_\_\_\_\_

d. Number of clients: \_\_\_\_\_

21. Does the firm:

a. ensure that all client bank accounts are reconciled by someone other than firm employees who are authorized to deposit, move, or withdraw funds from the client's account?  Yes  No

b. maintain an employee dishonesty insurance policy in connection with the discretionary authority services?  Yes  No

c. engage the services of an outside investment or money manager?  Yes  No

22. Does the firm, or any member of the firm, act as a fiduciary or adviser to an ERISA plan, recommend investment or mutual funds to which the firm provides other accounting services, or act as an officer or director?  Yes  No

23. Does any member of the firm purchase or sell securities, insurance products, or other investment products on behalf of clients?  Yes  No

a. If yes, provide the name of the entity under which members of the firm purchase or sell securities, insurance products, or other investment products and provide professional liability policy information, or attach a copy of the declarations page.

Name:

Carrier	Policy Period	Limits	Retention	Premium	Retroactive Date
	to	\$	\$	\$	to

b. If no, does the firm have a contractual relationship with a securities broker or dealer for referrals?  Yes  No

*If yes to b., provide information below and attach a copy of the indemnification agreement clause from the agreement.*

Name	Central Registration Depository Number	Professional Liability Insurance?	Limit	Retention
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

## SECTION IV: SECURITIES SUPPLEMENT

Complete this section if the firm provides securities, limited partnership or tax shelter syndication services.

### ***DESCRIPTION OF SECURITIES SERVICES***

24. Provide the following information for each firm member that provides SEC services:

Name of Employee	Securities Practice—Billable Hours Most Recent 12 Months	Securities Practice—Billable Hours Prior 12 Months	Years of Securities Experience

25. Provide the following information for each private or public offering within the last 5 years. Include filings that were withdrawn, offerings which were unsuccessful, filings made pursuant to an exemption from registration, and filings anticipated within the next 90 days. Additionally, provide this information on affiliated reports, statements, or similar offering documents:

Date Offering Began	Name of Issuer	Type of Offering (1)	Nature of Issuer's Business	Dollar Amount of Offering	Description of Security	Registered or Exempt Offering	Did Firm Render an Opinion?	Party that services were provided to (2)
				\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	

(1) Key: B = Bond (Private); LTP = Limited Partnership; M = Municipal Financing; PRI = Private Placement; PUB = Public Placement; SY = Syndication

(2) Key: A = Auditor; I = Issuer; L = Lender; P = Purchaser; U = Underwriter; O = Other (specify):

26. Tender Offers and Exchange Offers:

- a. Within the past 5 years, has the firm provided accounting services in connection with any tender or exchange offer?  Yes  No
- b. Within the past 5 years, has the firm advised any client with respect to a tender offer made or proposed involving any entity whose management opposed such offer?  Yes  No

27. Proxy Contests:

- a. Within the past 5 years, has the firm provided accounting services in connection with any proxy contest involving a public company?  Yes  No
- b. Was the firm's client, in connection with any such contest, a person or entity opposing director nominees of the public company or its management?  Yes  No

28. How many of the bond issues above:

- a. are currently in default? \_\_\_\_\_
- b. have experienced a default proceeding? \_\_\_\_\_

29. Client Identification and Evaluation:

- a. Does the firm have a written procedure for new client identification intended to assure that there will be no conflict of interest with respect to the securities matters to be undertaken by the firm?  Yes  No
- b. Is there a written policy requiring yearly reviews of existing clients for potential conflicts?  Yes  No
- c. Does the firm have a written procedure for evaluating a new client seeking securities advice relative to a proposed transaction or offering to determine such things as: the client's reputation, the nature of its business, financial strength, management expertise, and history of changing securities accountants and lawyers?  Yes  No
- d. Has the firm ever declined a client based on these procedures?  Yes  No
- e. Does the firm use an engagement letter with each client that stipulates the services the firm has agreed to provide and the responsibilities of the client?  Yes  No

If the firm answered no to any part of question 29., provide details: \_\_\_\_\_

30. Disclosure and Opinion Requirements:

- a. Does the firm have a written procedure that requires at least one CPA who is not working on the services in question, review and approve all written materials prior to their release?  Yes  No
- b. Does the firm have a written procedure that requires a firm member interview each client's directors, executive officers, and principals in connection with disclosure document preparation and review?  Yes  No
- c. Does the firm have a written procedure that requires the preservation of written records of the factual source and verification made by the firm's accountants in connection with disclosure documents and preservation of records to support opinions rendered by the firm?  Yes  No

*If the firm answered no to any part of question 30., provide details:* \_\_\_\_\_

31. Potential Conflicts:

- a. Does the firm have a written policy that prohibits firm staff from participating in the securities selling process, e.g., marketing meetings or calls involving prospective investors?  Yes  No
- b. Does the firm have a written policy that governs trading and investing in client securities by firm members?  Yes  No
- c. Does the firm have a written procedure intended to prevent tipping and insider trading?  Yes  No
- d. Does the firm have a written policy that prohibits any arrangement where a securities client pays for the firm's services with client securities?  Yes  No

*If the firm answered no to any part of question 31., provide details:* \_\_\_\_\_

32. Has any firm member served as an officer, director, trustee, or general partner or held an equity or financial interest in any securities client?

Yes  No

*If yes, identify client and position held or nature of equity or financial interest:* \_\_\_\_\_

33. Has the firm had a dispute with a securities client that necessitated disclosure to the Securities and Exchange Commission?

Yes  No

*If yes, provide the name of the client, date of withdrawal or dispute, and description of the withdrawal or dispute:*

\_\_\_\_\_

34. Has any past or present member of the firm been named as a party to:

- a. any investigation or administrative action undertaken by the Securities and Exchange Commission or any state securities regulatory body?  Yes  No
- b. any legal action under the SEC Acts of 1933 or 1934 or any state statute relating to the issuance, offering, or sale of securities?  Yes  No

*If yes to any part of question 34., provide details:* \_\_\_\_\_

\_\_\_\_\_

## SECTION V: OUTSIDE INTERESTS SUPPLEMENT

Complete this section if the firm provided services to any client in the past 5 years while a member of the firm, or their spouse or domestic partner, served as a director or officer of that client or had a combined ownership interest greater than 10% in that client.

### DESCRIPTION OF OUTSIDE INTERESTS

	Client #1	Client #2	Client #3	Client #4
Client Name:				
Firm member or spouse or domestic partner's name:				
Non-Profit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firm member or spouse is director or officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If director or officer, is client directors & officers liability insurance in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percent equity interest:	%	%	%	%
Accounting services provided:				
Does the firm member listed perform these services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates services provided:	to	to	to	to
Current client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Does the firm prohibit individuals who serve as a director or officer of a client, or possess financial interest in a client, from providing professional services to the client?  Yes  No
36. Are any claims pending against any individual in their capacity as a director or officer?  Yes  No

## SECTION VI: CONTRACT FINANCIAL OFFICER SERVICES

Complete this section if the firm provides contract financial officer services.

### DESCRIPTION OF CONTRACT FINANCIAL OFFICER SERVICES

37. What percentage of the firm's OVERALL revenues are derived from CFO services? \_\_\_\_\_ %
38. What services are you providing your clients in this capacity? \_\_\_\_\_
39. When providing these services to a client do you:
- a. make management decisions?  Yes  No
  - b. make all recommendations to the client in writing?  Yes  No
  - c. have the authority to hire or terminate client employees?  Yes  No
  - d. have the authority to sign on behalf of the clients for work you did not perform?  Yes  No
  - e. attend board meetings?  Yes  No
- If yes to e., what is your role?* \_\_\_\_\_
- f. help the client raise capital or prepare for an IPO, sale, or merger?  Yes  No
40. Are your clients:
- a. publicly traded companies?  Yes  No
  - b. listing you as the CFO or a director of the company?  Yes  No
  - c. paying you a salary as an employee of that client?  Yes  No



41. Does the firm have a policy requiring that any accounting services be either performed or reviewed by a firm member other than the executor, administrator, or trustee?  Yes  No

If no, explain: \_\_\_\_\_

### **NOTICE REGARDING COMPENSATION**

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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**

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**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: <b>X</b>	Authorized Representative Name and Title:	Date:
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date:
Agency:		Agency Phone Number:

**ADDITIONAL INFORMATION**