



Answer each question on behalf of all entities requesting coverage. If additional space is needed, attach a separate page.

PRIMARY APPLICANT GENERAL INFORMATION

Name of Applicant: Year Established: Street Address: City: State: Zip: Primary Contact Name and Title: Telephone No: Email Address: Applicant Website:

ADDITIONAL APPLICANT INFORMATION

- 1. Complete the following table for each entity requesting coverage. If additional space is needed, attach a separate page or organizational chart.

Table with 6 columns: Name, Percentage Owned, Year Started, Description of Operations, Entity Type*, Insurance Company Type**. Includes rows for data entry.

*Entity Type: FP=For-Profit (other than Partnership); NP=Non-Profit; GP=General Partnership; LP=Limited Partnership; LLC=Limited Liability Company

**Insurance Company Type: SIC=Stock Insurance Company; MIC=Mutual Insurance Company; RIC=Reciprocal Insurance Company; RRG=Risk Retention Group; R=Reinsurer; CIC=Captive Insurance Company; O=Other

- 2. In the past 3 years, have there been any changes in the Applicant's ownership or management? [] Yes [] No If Yes, attach an explanation.

CURRENT COVERAGE INFORMATION

- 3. Name of current Insurer:
4. Complete the following table for each entity requesting coverage or attach a copy of the expiring coverage declarations page.

Table with 3 columns: Insuring Agreement, Current Limit, Current Deductible. Lists various insurance types like Fidelity, On Premises, In Transit, etc.

Agents of Life Insurance Companies		
General Agents	\$	\$
Soliciting Agents	\$	\$
Servicing Contractors	\$	\$
Third Party Administrators	\$	\$
Real Property Mortgages-Defective Signatures	\$	\$
Computer Systems		
Computer Fraud	\$	\$
Fraudulent Instructions	\$	\$
Remote Access PBX System Fraud	\$	\$
Restoration Expenses (losses caused by someone <i>other</i> than an Employee)	\$	\$
Social Engineering Fraud	\$	\$
Other Insuring Agreements (<i>Specify</i>):	\$	\$

The following definitions are for use in completing the application only. The same or similar terms may also be used and defined in policy forms or bonds that we issue, but the following definitions do not apply to any such forms or bonds. These definitions do not affect the provisions or coverages of any insurance policy or bond issued by Travelers, nor do they imply that coverage does or does not exist for any particular claim, loss, or exposure under any such policy or bond. Policies and bonds issued by Travelers should be read in order to determine the terms, conditions, and definitions that apply to such policies or bonds.

General Agent means a natural person, partnership, or corporation under written contract with the Applicant and engaged by the Applicant to solicit: (1) life insurance; (2) accident and health insurance; (3) credit insurance; or (4) annuities, but only while performing services for the account of the Applicant.

Soliciting Agent means a natural person, partnership, or corporation under written contract with the Applicant and engaged by the Applicant or a General Agent to solicit: (1) life insurance; (2) accident and health insurance; (3) credit insurance; or (4) annuities, for the account of the Applicant or of such General Agent, but only while performing services for the Applicant or such General Agent.

Servicing Contractor means a natural person, partnership, or corporation authorized under written contract with the Applicant and engaged by the Applicant to perform any or all of the following: (1) collect and record payments on real estate mortgage or home improvement loans made or held by or assigned to the Applicant, and establish tax and insurance escrow accounts; (2) manage real property owned by or under the supervision or control of the Applicant; or (3) perform other acts directly related to the activities described above, but only while performing such services in the US and its territories and possessions, or Canada, for the Applicant.

Third Party Administrator means any natural person, partnership, or corporation, other than an officer or employee of the Applicant, duly authorized under written contract with the Applicant and engaged by the Applicant to provide claims adjustment services.

Registered Representative means a person who is a registered representative or registered principal, associated with an Insured that is subject to Rule 4360 of the Financial Industry Regulatory Authority (FINRA), except a: sole proprietor; sole stockholder; director or a trustee of an Insured who is not performing acts coming within the scope of the usual duties of an officer or an employee; or partner.

EMPLOYEE/LOCATION EXPOSURE INFORMATION

5. What is the total number of Applicants':
- a. officers and employees (including part-time, leased, temporary, volunteer, seasonal workers, and non-employee draft signers)? _____
 - b. locations other than the home office of the Applicant? _____
 - c. locations outside the U.S., Canada, or U.S. Territories? _____

Attach a separate page with a list of the locations outside the U.S., Canada, or U.S. Territories.

6. If requesting any of the following Insuring Agreements or enhancement, provide the corresponding number of individuals in the chart below:

Insuring Agreement	Number of Individuals
Agents of Life Insurance Companies – General Agents	
Agents of Life Insurance Companies – Soliciting Agents	
Servicing Contractors	
Third Party Administrators	
Enhancement: FINRA Registered Representatives	

REGULATORY INFORMATION

7. In the past 3 years, have there been any regulatory actions taken against any Applicant? Yes No
If Yes, complete the following and attach an explanation:

Type of Action	Regulatory Body	Inception Date of Action

AUDIT INFORMATION

8. Does the Applicant have an annual CPA audit of its financial statements? Yes No
If No, attach an explanation.
9. In the past 3 years, has the Applicant changed outside auditors? Yes No
If Yes, attach an explanation.
10. Does the Applicant have a management letter prepared in connection with their annual CPA audit? Yes No
11. Has the Applicant complied with all recommendations made in its most recent CPA audit? Yes No
If No, attach an explanation.
12. Were any of the following cited regarding the internal controls of any Applicants in connection with the Applicant's most recent CPA audit?
a. Material Weaknesses Yes No
b. Significant Deficiencies Yes No
If Yes, attach an explanation.
13. Does the Applicant's Board of Directors include an audit committee comprised solely of independent directors? Yes No
14. a. Does the Applicant have an internal audit department? Yes No
If Yes, answer the following questions:
i. How many employees are in the internal audit department? _____
ii. Who within the Applicant's organization oversees the internal audit department?

- If No, answer the following questions:*
iii. Does the Applicant use an outside third party provider to conduct internal audits? Yes No
If Yes, provide the name and address of the third party auditor: _____
iv. Does the Applicant have an employee that performs internal audits? Yes No
If Yes, what is that employee's job title? _____
- b. Does the internal audit include all Applicants and all locations? Yes No
- c. Do internal audits include periodic surprise examinations of cash and securities in all departments, branches, and accounts? Yes No
- d. Do internal audits include periodic reports that are rendered directly to the Board of Directors or its audit committee? Yes No
If any of the questions in 14. b. - d. are answered No, attach an explanation.

OPERATIONAL EXPOSURES

15. Is there segregation of duties within all Applicants' operations so that no single transaction is controlled by one person? Yes No
If No, attach an explanation.
16. Are all incoming checks and drafts immediately stamped "for deposit only"? Yes No
17. Is countersignature of checks required? Yes No
If Yes, what is the dual signing limit? \$ _____
18. Are bank statements reconciled at least monthly by someone not authorized to sign checks/drafts, initiate payments, authorize payments, or make deposits or withdrawals? Yes No

19. Does any Applicant have life insurance or brokerage operations? Yes No
If Yes, answer questions a. and b. If No, skip to question 21.
- a. Are any general agents, soliciting agents, financial services representatives, or registered representatives permitted to initiate funds transfer requests on behalf of a policyholder or customer? Yes No
If Yes, attach information regarding how agents or representatives are prevented from making unauthorized transactions.
- b. Regarding general or soliciting agents, does the Applicant allow an agent to have Power of Attorney for a customer? Yes No
20. Do Applicants obtain verification that third party general and soliciting agents carry fidelity coverage on their agency operations? Yes No

TRANSFER CONTROLS

SOCIAL ENGINEERING FRAUD (INSURED'S ASSETS)

21. Do the Applicants have written procedures in place to verify the authenticity of invoices and other payment requests received from a vendor or a client? Yes No
22. Do the Applicants have written procedures in place to verify the receipt of services, supplies, or goods against an invoice before making payment to a vendor or a client? Yes No
23. Do the Applicants confirm all changes to vendor or client information by a direct call using a pre-determined telephone number? Yes No
If Yes, answer questions a. and b. If No, attach a summary of the Applicants' procedures.
- a. Do the Applicants wait to process change requests until the vendor or client has confirmed the change request? Yes No
- b. Do the Applicants confirm change requests with an individual other than the individual who requested the change? Yes No
If 23. a. or b. are answered No, attach a summary of the Applicants' procedures.
24. Do the Applicants run an exception report showing changes to vendor or client details? Yes No
25. Do the Applicants have written procedures in place to verify the authenticity of any payment or funds transfer request received from another employee of an Applicant authorized to release payments or funds? Yes No
If Yes, answer questions a. - c. If No, attach an explanation.
- a. Attach a copy of the procedures.
- b. Are all procedures performed consistently across all subsidiaries, departments, and locations? Yes No
If No, attach an explanation.
- c. Are all procedures performed on every request? Yes No
26. Are employees trained to recognize social engineering fraud and business e-mail compromise scams? Yes No

FRAUDULENT INSTRUCTIONS (CUSTOMER'S ASSETS)

27. Do the Applicants have a written agreement with their customers outlining specific verification methods or instructions for all electronic funds transfer requests? Yes No
If Yes, attach a copy of the agreement. If No, attach an explanation.
28. Do the Applicants have an established out-of-band process to verify funds transfer instructions from someone purporting to be a customer? Yes No
If Yes, indicate which of the following are used (check all that apply):
- Voice authentication technology
- Calling a customer at a pre-determined telephone number
- Sending a text message to a pre-determined telephone number
- Token technology
- Other (*Attach description*)
29. Are employees who are responsible for fund transfer requests trained at least annually to detect fraudulent transfer requests? Yes No

COMPUTER NETWORK SECURITY

30. Indicate whether all Applicants currently have the following in place:
- a. A Chief Information Security Officer or other individual assigned responsibility for privacy and security practices Yes No
 - b. Up-to-date, active firewall technology Yes No
 - c. Up-to-date, active anti-virus software on all computers, networks, and mobile devices Yes No
 - d. A process in place to regularly download, test, and install patches Yes No
If Yes, is this process automated? Yes No
If Yes, are critical patches installed within 30 days of release? Yes No
 - e. Intrusion Detection System (IDS) Yes No
 - f. Intrusion Prevention System (IPS) Yes No
 - g. Data Loss Prevention System (DLP) Yes No
 - h. Multi-factor authentication (MFA) for administrative or privileged access Yes No
 - i. Multi-factor authentication (MFA) for remote access to the Applicants' network and other systems and programs that contain private or sensitive data in bulk Yes No
 - j. Multi-factor authentication (MFA) for remote access to email Yes No
 - k. Remote access to the Applicants' network limited to VPN Yes No
If No, attach an explanation.
 - l. Backup and recovery procedures in place for all important business and customer data Yes No
If Yes, are procedures automated? Yes No
If Yes, are procedures tested on an annual basis? Yes No
 - m. Annual penetration testing Yes No
If Yes, is testing conducted by a third party service provider? Yes No
 - n. Annual network security assessments Yes No
If Yes, are assessments conducted by a third party service provider? Yes No
 - o. Systematic storage and monitoring of network and security logs Yes No
 - p. Enforced password complexity requirements Yes No
 - q. Procedures in place to terminate user access rights as part of the employee exit process Yes No

CLAIMS HANDLING PROCEDURES

31. Is a claim adjuster required to approve a claim for payment, before the processing of any payment? Yes No
32. Do the duties of claim supervisors include:
- a. The review of all claim files over a certain dollar amount? Yes No
 - b. The approval for payment of all claims over a certain dollar amount? Yes No
 - c. The approval of the provision of outstanding claims at the end of the fiscal year? Yes No
 - d. Overall control of the claims adjusting of all lines insured? Yes No
 - e. The handling of salvage and recoveries? Yes No
33. When a claim file is submitted to a claim supervisor, is all supporting documentation required to be attached? Yes No
34. Do the Applicants use Third Party Administrators (TPA) to provide claim adjustment services? Yes No
If Yes, attach a list of the TPA(s) providing services.
35. a. Do the Applicants perform TPA audits at least annually? Yes No
 b. Are follow-up audits performed where previous audits have discovered errors or irregularities? Yes No
 c. Does the TPA have separate fidelity coverage in place? Yes No
If Yes, does the coverage include an Applicant as a joint loss payee? Yes No

LOSS INFORMATION

Missouri applicants: do not complete.

36. In the past 3 years, has any Applicant sustained any bond-related losses exceeding \$5,000, whether or not covered by insurance?
If Yes, complete the table.

Date Discovered	Description of Loss	Amount of Loss	Amount Recovered from Insurance	Corrective Procedures Implemented	Claim Status
		\$	\$		
		\$	\$		

37. In the past 3 years, has any similar bond coverage been canceled? Yes No
If Yes, attach an explanation.

REQUIRED ATTACHMENTS

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application, and the Insurer may elect to obtain requested information from public sources, including the Internet.

- Copy of the most recent CPA Audit (if not publicly filed)
- Copy of the most recent CPA Letter to Management and the Applicant's response (if any)

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.

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.

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.

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 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 (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

ADDITIONAL INFORMATION
