



Insurance Company Bond Coverage Renewal Application

Travelers Casualty and Surety Company of America

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:
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**

*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 year, have there been any changes in the Applicant's ownership or management? [] Yes [] No
If Yes, attach an explanation.

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.

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

3. What is the total number of the 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.

4. 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	

CURRENT CONTROL INFORMATION

5. Since the last Insurance Company Bond Coverage Application was completed, have there been any changes in the Applicants' responses to any of the questions in the Coverage Application sections listed below?

Travelers Insurance Company Bond Coverage Application Section		
Regulatory Information (Question 7)	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No
Audit Information (Questions 8-14)	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No
Operational Exposures (Questions 15-20)	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No
Transfer Controls	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No
Social Engineering Fraud (Insured's Assets) (Questions 21-26)	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No
Fraudulent Instructions (Customer's Assets) (Questions 27-29)	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No
Computer Network Security (Question 30)	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No
Claims Handling Procedures (Questions 31-35)	<input type="checkbox"/> Yes (Note changes below)	<input type="checkbox"/> No

If yes, explain the changes below. If more space is needed, attach a separate page or use the Additional Information section provided at the end of this document.

LOSS INFORMATION

Missouri applicants: do not complete.

6. 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
		\$	\$		
		\$	\$		

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