

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. Please submit a **Separate Excel Workbook** or request a template for any information that cannot fit on this form.

General Information

First Named Insured:

Other Named Insureds:

Mailing Address:

Contact Name:

Phone:

E-Mail:

Producer:

Producer Contact Name:

Producer Phone:

Producer E-Mail:

Proposed Effective Date:

Proposed Expiration Date:

Target Quote Date:

Website:

Type of Legal Entity:

Description of Primary Operations (including product descriptions and foreign activity details). If Educational Institution, request **Excel Workbook** from your Travelers Representative for additional questions.

Foreign Loss History (Describe losses that have occurred during the past 5 years):

Foreign Carrier:

Foreign Premium:

Domestic Carrier:

Domestic Premium:

1. Any policy Cancellations or Non-Renewals in the last 3 years? Yes No;
If Yes, Describe:

2. Will you be needing any **Admitted Local Placements**? Yes No Unsure

Coverage Information

Please submit a **Separate Excel Workbook** or request a template for information that cannot fit on this form.

Identify requested coverage and coverage detail below by checking box

Foreign Property Coverage

Limit Requested: \$ _____ Deductible Requested: \$2,500 \$5,000 \$10,000 Other \$ _____

Description of Property (COPE, Leased/Owned): _____

Property Address: _____

Personal Property at Undescribed Premises Coverage:

| | Limit | Description |
|----------------------------------|----------|-------------|
| Personal Property at Exhibitions | \$ _____ | |
| Personal Property in Transit | \$ _____ | |
| Sales Representative Property | \$ _____ | |

Foreign General Liability

\$1M Per Occurrence/\$2M Aggregate Other \$ _____

Estimated Foreign Sales by Country: _____

Estimated Domestic Sales: _____

Number of Foreign Leased or Owned Premises: _____

Description of Physical Foreign Operations by Country (*Including warehousing, sales, etc.*): _____

Foreign Employee Benefits Liability

\$1M Per Occurrence/\$2M Aggregate Retroactive Date: (MM/DD/YYYY) _____

Foreign Business Auto

\$1M Per Occurrence APD Limit Requested: _____

Number of Foreign Rentals by Country: _____

Number of Foreign Non-Owned Autos by Country: _____

Number of Owned Autos by Country: _____

Foreign Voluntary Workers Compensation, Employer's Liability and Transportation Expenses

Employers' Liability: \$1M Per Occurrence Other:

Transportation Expense: \$1M Per Occurrence/\$1M Aggregate Other:

Number of Travelers: x Number of Trips

Accompanying Spouse/Child Guests Coverage Requested Number of Spouses/Children/Guests:

Maximum # of Employees Flying on the Same Flight:

Any Flight on Non-Commercial Aircraft (Charter, Corporate)? Yes No

If Yes, Explain:

Maximum # of Employees Working at the Same Location:

Maximum # of Employees Staying at the Same Hotel:

Domestic Workers Compensation Experience Modifier:

Employee Trip Travel Information:

| Country of Travel | Number of Trips | Number of Employees Per Trip | Average Length of Trips | Job Function/Purpose of Travel | Employee State of Hire/Country of Origin |
|-------------------|-----------------|------------------------------|-------------------------|--------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

Permanent Employee Information:

| Country of Employees Work | Job Function | Type of Employee (Local National, Third-Country National, Expat) | Annual Payroll | Number of Employees | Employee State of Hire/Country of Origin |
|---------------------------|--------------|--|----------------|---------------------|--|
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |

Accidental Death & Dismemberment

\$100,000 AD&D \$250,000 AD&D

Kidnap & Ransom

\$100,000 K&R \$250,000 K&R Other \$

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: <https://www.travelers.com/about-travelers/producer-compensation-disclosure>

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

This application, including any material submitted in conjunction with this application or any renewal, does not amend, or otherwise affect, the provisions or coverages of any insurance policy 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. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this application can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA: 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 restitution fines, and confinement in prison, or any combination thereof.

ARKANSAS, LOUISIANA, MARYLAND, AND RHODE ISLAND WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or 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 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.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 (may in Maine) 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.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NEW YORK AUTO: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: 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.

PENNSYLVANIA: Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. Other Than Auto: 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.

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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Producer information only required in Florida and Iowa.

| | | |
|---------------------------------------|---|----------------------|
| Authorized Representative Signature*: | Authorized Representative Name (Printed): | Date (mm/dd/yyyy): |
| Producer Signature ¹ : | 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 keypad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if 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

Use this section or request a blank **Excel Workbook** from your Travelers representative to provide any information that exceeds the space provided in this application.