



SelectOne⁺SM
for Insurance Companies

**Insurance Agents Owned Operations
Coverage Application**

Travelers Casualty and Surety Company of America

NOTICE

ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. TRAVELERS HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

Applicant means all corporations, organizations, or other entities, including subsidiaries, proposed for this insurance. Attach a separate page to the Application for any information that exceeds the space provided.

I. GENERAL INFORMATION

1. **Applicant** Information:

Name of **Applicant**:

II. ORGANIZATION INFORMATION

Provide a list of subsidiaries having insurance agents and brokers operations and a description of any other insurance agents or broker operations whether or not they are separately incorporated.

Name of Parent Company	Year Business Established (yyyy)

Name of Insurance Agency/Broker Subsidiaries	Year Business Established (yyyy)

III. OPERATIONS INFORMATION

2. What is the annual premium and annuity deposit volume for the most recent fiscal year end (FYE) placed by employee agents or owned insurance agent/broker subsidiaries with:
- a. The parent company or an affiliated insurance company?\$
 - b. An unaffiliated insurance company?\$
3. Provide the revenue for the most recent FYE for the insurance agents and brokers operations derived from services as:
- a. Retail agent or broker\$
 - b. Managing general agent\$
 - c. Excess and surplus lines or wholesale broker\$
 - d. Consultant\$
 - e. Other ()\$

4. Provide the distribution profile of the owned or internal insurance agents and brokers operations:

	Annual Premium Placed	Total # of Employees	# of Employees Involuntarily Terminated	# of Employees Voluntarily Terminated
Owned Agent/Broker Subsidiaries	\$			
Dedicated Employees (Other than Direct Writers) within Parent or Other Non-Agent/Broker Subsidiaries	\$			
Employees (Direct Writers only)	\$			
Total	\$			

5. Provide the approximate breakdown of the insurance agents and brokers operations' total annual premium volume for the most recent FYE:

a. Life, accident, and health	\$
b. Annuities	\$
c. Personal lines – automobile	\$
d. Personal lines – homeowners	\$
e. Personal lines – other	\$
f. Commercial general liability	\$
g. Workers compensation	\$
h. Commercial automobile	\$
i. Commercial multi-peril	\$
j. Other commercial property	\$
k. Ocean/wet marine	\$
l. Inland marine	\$
m. Surety and fidelity bonds	\$
n. Aviation	\$
o. Umbrella/excess	\$
p. Medical-related professional liability	\$
q. Other professional liability/directors and officers liability	\$
r. Other ()	\$

6. Has the total annual premium volume changed more than 25% (*increased or decreased*) during the past two years?Yes ☐ No ☐

7. Does the **Applicant**, or any principal or employee, have a surplus lines license?Yes ☐ No ☐

8. Indicate the top five insurance companies in which business is placed:

Insurance Company	Premium Volume	Binding Authority
	\$	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"/>

9. Have the insurance agents or brokers operations had any involvement in the formation or administration of, or place insurance with, self-insured captives, risk retention groups or multiple employer trusts in the most recent fiscal year?...
Yes ☐ No ☐

If Yes, attach an explanation.

10. Is any business placed with insurance companies that have an A.M. Best's Rating of B or lower, or that are unrated? .. Yes ☐ No ☐
If Yes, what percentage of annual premium volume for the most recent FYE was generated by such insurance companies? _____ %

11. Indicate whether the insurance agents and brokers operations:

a. Have procedures to record all business-related conversations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Maintain an active policy expiration list	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Confirm all verbal binders immediately in writing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Check policies and endorsements for accuracy before mailing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Confirm, in writing, to the insured all declinations of coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Check cancellation notices to assure statutory compliance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Append files to reflect the need to notify interested parties of a cancellation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Perform credit or other investigations of new clients	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Perform investigations in compliance with the Fair Credit Reporting Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Have a process in place to monitor the solvency of insurers	Yes <input type="checkbox"/>	No <input type="checkbox"/>

12. Indicate whether the insurance agents and brokers operations have any of the following:

a. A formal orientation and training program for principals/employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. A minimum number of years of experience required for newly hired or designated agents or brokers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If Yes, provide the minimum number of years:</i> _____		
c. Any principals/employees who were investigated or disciplined by any state insurance department	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Any principals/employees whose licenses were suspended or revoked	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. A procedure to verify principals/employees are appropriately licensed in all states in which they are doing business	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IV LOSS INFORMATION

Do not answer Questions 13, 14, or 15 if you are renewing Travelers Insurance Agents Owned Operations Coverage.

13. Provide the following information for any demand made, or civil or criminal proceeding brought, against the **Applicant**, or any other person proposed for this insurance, during the past five years involving any professional services offered.

- The date the demand or notice of the proceeding was received;
- The status of the demand or proceeding;
- The name of the entity or person making the demand or bringing the proceeding;
- A description of the circumstances involved, and the allegations of the demand or proceeding;
- Damages and defense expenses incurred; and
- A copy of the complaint, including amendments and responses, for any proceeding seeking class action status along with a brief summary of the status.

14. Have all of the demands and proceedings disclosed in Question 13 been reported to a previous or existing insurer providing coverage for professional liability? Yes ☐ No ☐
If No, provide details.

15. Does the **Applicant**, or any director, member of the board of managers, management committee member, officer, or any other person proposed for this insurance in connection with insurance agents or brokers operations have any knowledge or information of any fact, circumstance, or situation related to any professional services offered that could reasonably give rise to a claim against them? Yes ☐ No ☐
If Yes, provide details.

*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

V. FRAUD WARNINGS

Attention: *Insureds in 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.

Attention: *Insureds in 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.

Attention: *Insureds in 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.

Attention: *Insureds in 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.)

Attention: *Insureds in Louisiana, 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 include imprisonment, fines, and denial of insurance benefits.

Attention: *Insureds in 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.

Attention: *Insureds in 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.

VI. SIGNATURE SECTION

IT IS AGREED THAT THIS APPLICATION IS A SUPPLEMENT TO ALL OTHER APPLICATIONS PREVIOUSLY SUBMITTED TO TRAVELERS IN CONJUNCTION WITH THE UNDERWRITING AND ISSUANCE OF INSURANCE COVERAGE FOR WHICH THIS POLICY IS A RENEWAL OR REPLACEMENT OR OTHERWISE SUCCEEDS IN TIME, AND THOSE APPLICATIONS TOGETHER WITH THIS APPLICATION WILL CONSTITUTE THE COMPLETE APPLICATION WHICH WILL BE THE BASIS OF ANY QUOTATION WHICH MAY BE MADE.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (CHAIRMAN, PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT REPRESENTS, AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND REPRESENTATIONS SET FORTH HEREIN ARE TRUE AND ACCURATE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO ACCEPT, NOR TRAVELERS TO ISSUE, ANY POLICY OF INSURANCE, BUT IT IS AGREED THAT ALL STATEMENTS, REPRESENTATIONS AND ATTACHMENTS FURNISHED TO TRAVELERS IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. ANY POLICY THAT TRAVELERS MAY ISSUE TO THE APPLICANT WOULD BE ISSUED IN RELIANCE UPON THE TRUTH OF ALL SUCH STATEMENTS, REPRESENTATIONS AND ATTACHMENTS AND WILL BE THE BASIS OF, AND DEEMED ATTACHED TO AND INCORPORATED INTO, ANY POLICY THAT MAY BE ISSUED.

TRAVELERS IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF ANY POLICY THAT TRAVELERS MAY ISSUE TO THE APPLICANT, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, WILL BE THE BASIS OF THE INSURANCE AND WILL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. TRAVELERS WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(President or CEO)

Name (Printed)

Title

Date

VII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):

Producer Signature*

Producer Name (Printed)

Agency Name

Agency Code

License Number

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE ☐

PRODUCER'S ELECTRONIC SIGNATURE AND ACCEPTANCE ☐