



**Insurance Professionals Liability Coverage  
Life, Health and Accident Insurance Agents or Brokers  
Property and Casualty Professional Liability Insurance  
Supplement**

**St. Paul Fire and Marine Insurance Company**

**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 expenses, and any deductible will be applied against defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after 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 expenses, and the deductible may apply up to 50% of defense expenses.)

Complete the following only if property and casualty professional liability coverage is desired. If more forms are needed, make a copy of this supplement before completing.

**GENERAL INFORMATION**

Full Legal Name of Applicant:	Policy Number:
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**DESCRIPTION OF OPERATIONS**

1. In the table below provide the dollar amounts of annual property and casualty revenue. This revenue should be included in the gross annual revenue amount of the Life and Health Application (new and renewal):

	Last Fiscal Year	Estimated Next Year
Gross property/casualty annual revenues (prior to expenses/deductions)	\$	\$

2. Provide the total annual gross revenue from substandard property and casualty business: \$ \_\_\_\_\_  
(Including surcharged auto, assigned risk auto, assigned risk pools for auto, workers compensation, property, etc.)

3. Provide the approximate percentage breakdown of total property and casualty annual revenue for business placed as:

a. An agent (with or without binding authority):	%
b. A broker (through other agents):	%
<b>TOTAL</b>	<b>100%</b>

4. Give the approximate percentage breakdown of annual property and casualty revenue for business received or assumed:

a. Direct from Insureds:	%
b. From other agencies, brokers or non-employee producers who receive payment from you or your carriers for this business:	%
<b>TOTAL</b>	<b>100%</b>

5. Indicate the approximate annual revenue of the applicant's total property and casualty business for each category below. The total annual property and casualty revenue for your agency must be accounted for below:

Lines of Business/Area of Operations	Total Annual Revenue	Lines of Business/Area of Operations	Total Annual Revenue
COMMERCIAL LINES:		PERSONAL LINES:	
Automobile - Standard	\$	Automobile - Standard	\$
Automobile - Non-Standard	\$	Automobile - Non-standard/Plan/CAR	\$
Automobile - Long Haul Trucking	\$	Homeowners	\$
Aviation	\$	Standard Fire	\$
Animal/Livestock Mortality	\$	Non-Standard Fire	\$
Crop Insurance	\$	Other Personal Lines business (specify)	\$
Bonds	\$	Total Personal Lines Revenue	\$
Executive Liability, D&O	\$		
Professional Liability (specify)	\$		
Ocean or Inland Marine (specify)	\$	OTHER P&C OPERATIONS/SERVICES REVENUES:	
Excess and Surplus Lines	\$	Consulting	\$
Businessowners Package	\$	Loss Control/Risk Management	\$
Commercial Package	\$	Claims Adjusting/Administration	\$
Commercial General Liability (CGL)	\$	OSHA/Environmental Audits	\$
Fire - Standard	\$	Certified Training Programs	\$
Fire - Nonstandard (Fair Plan)	\$		
Flood Insurance	\$		
Workers Compensation (other than California 24-hour compensation)	\$	Actuarial Services	\$
Other Commercial business (specify)	\$	Other Services/Operations (explain)	\$
Total Commercial Revenue	\$	Total Other Ops/Services Revenue	\$

6. Provide the approximate annual property and casualty revenue for business written on a non-admitted or surplus lines basis: \$ \_\_\_\_\_

a. Is the applicant a licensed surplus lines broker?  Yes  No

7. List all insurance companies that business is placed with by the applicant which accounts for 100% of your total property and casualty revenue. (Attach a separate sheet if necessary.) Insurance company includes any reinsurer, syndicate, association, or any other organization formed for the purposes of providing insurance or reinsurance.

Company Name	Binding Authority (Yes/No)	Current A.M. Best Rating	Percent of Total Revenue
	<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		%

8. List all property and casualty companies that either the applicant or company has terminated the relationship with during the past five (5) years and reason for termination. *If none check here* .

Company Name	Date of Termination	Reason for Termination

9. List the property and casualty insurance agents or brokers professional liability insurance carrier for the past five (5) years. *Check here if no insurance*

Insurance Company	Limit of Liability	Deductible or Retention	Policy Period	Retroactive Date, if any	Premium
	\$	\$	to		\$
	\$	\$	to		\$
	\$	\$	to		\$
	\$	\$	to		\$
	\$	\$	to		\$

10. During the past five (5) years, has any insurance carrier declined, cancelled, or refused to renew the applicant's Property and Casualty liability insurance for any reason? (*Missouri applicants: Do not complete*)  Yes  No  
*If Yes, provide complete details including the name of the carrier, the date and reason for declination, cancellation or non-renewal on a separate sheet attached to this supplement.*

11. After inquiry, is any owner, officer, principal, partner, manager or supervisor of the applicant aware of:
- a. Any property and casualty liability insurance claims against them, the applicant firm, or predecessor firm during the past five (5) years?  Yes  No
  - b. Any services or incidents that might reasonably be expected to lead to a property and casualty liability insurance claim or suit against them, the applicant firm or a predecessor firm?  Yes  No
- If Yes, to either question, complete a Supplemental Claim Form.*

**NOTICE REGARDING COMPENSATION**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

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**

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