



**Insurance Professionals Liability Coverage  
Life, Health and Accident Insurance Agents or Brokers  
Sub-Agent/Independent Contractor/Non-Employee  
Producer 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 you place business for or derive revenue from sub-agents, independent contractors or non-employee producers.

**GENERAL INFORMATION**

Full Legal Name of Applicant:	Policy Number:
-------------------------------	----------------

**DESCRIPTION OF OPERATIONS**

1. Indicate the number of sub-agents, brokers, independent contractors or non-employee producers that place business through your agency during the past 12 months: \_\_\_\_\_
  
2. Are your sub-agents, brokers, independent contractors or non-employee producers compensated by you or are they paid commissions directly from your carriers?  
 Compensated directly by you       Compensated directly by Carrier       Both
  
3. For business placed through your agency, Indicate the total sub-agent, broker, independent contractor or non-employee producer annual compensation:
  - a. Paid directly to non-employee producers by the insurance carriers or providers: \$ \_\_\_\_\_
  - b. Paid to non-employee producers by you or your agency: \$ \_\_\_\_\_
 (These amounts should be included in the total revenue listed on your application.)
  
4. For your sub-produced business indicate:
  - a. Average over-ride commission you receive: \_\_\_\_\_ %
  - b. Average commission paid to non-employee producers: \_\_\_\_\_ %
  
5. Do you or your insurance carriers require your non-employee producers, sub-agents/brokers have a professional liability insurance policy of their own?  Yes  No
  
6. Do you or your insurance carriers obtain evidence each year that all your sub-agents/brokers carry professional liability insurance coverage?  Yes  No
  - a. If Yes, do you or your insurance carriers require your non-employee producers to maintain professional liability insurance limits of at least \$1,000,000 each claim with a carrier rated A- or better by A.M. Best Company?  Yes  No
  
7. Do you provide periodic training sessions and/or educational seminars to your non-employee producers, independent contractors or sub-producers relevant to product information, client services and risk management?  Yes  No  
*If Yes, provide a brief description of these training seminars and their frequency below.*

8. Furnish a brief narrative description of the services and training your firm provides to non-employee producers.

---



---

**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**

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: