



Travelers Casualty and Surety Company of America

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The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made and reported during the policy period, or any applicable extended reporting period.

The limit of liability available to pay losses will be reduced and may be exhausted by the amounts paid as defense expenses. The deductible or retention will apply to defense expenses. (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 or retention may apply up to 50% of defense expenses).

**Applicant** means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

**A. COMMON SECTION**

**I. GENERAL INFORMATION**

1. **Applicant** Information:

Name of **Applicant**: .....

Street Address: .....

City, State, ZIP Code: .....

Website Address(es): .....

Expiring Policy Number: .....

2. Does the **Applicant** currently file, or does it anticipate filing in the next six months, any documents with the Securities and Exchange Commission (SEC), or similar foreign authority regarding any equity or debt securities? ..... Yes  No

**II. ORGANIZATION INFORMATION**

3. List and describe all entities in which the **Applicant's** ownership interest is 50% or greater or over which the **Applicant** has management control:  
 If Not Applicable, check .

Name	Percentage Owned	Year Started (yyyy)	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					

To enter more information, attach a separate page or an organization chart with ownership detail.

4. In the next 12 months (or during the past 12 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? ..... Yes  No
  - b. Any creation of a new business, subsidiary, or division? ..... Yes  No
  - c. Any registration for a public offering or a private placement of securities (stocks or bonds)? ..... Yes  No
  - d. Any reorganization or arrangement with creditors under federal or state law? ..... Yes  No
  - e. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? ..... Yes  No
  - f. Any development of new products or entering into any new states? ..... Yes  No
  - g. If the **Applicant** is a mutual company, any conversion of mutual ownership to stock ownership? ... Yes  No
- If any of the questions above were answered Yes, attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.
5. Have there been any disciplinary actions taken against the **Applicant** during the past 12 months by any regulatory authority, including any consent, disciplinary, enforcement or cease and desist orders, or similar agreements or restrictions? ..... Yes  No   
 If Yes, attach full details.
6. Have there been any changes in the Board of Directors or senior management of the **Applicant** within the past 12 months for reasons other than death or retirement? ..... Yes  No   
 If Yes, attach an explanation.
7. Have there been any significant changes in reinsurance treaty terms during the past 12 months, or are any expected during the next 12 months, including changes in self insured retentions, limits purchased, lines of business added or excluded, or exclusions added or removed? ..... Yes  No   
 If Yes, attach an explanation.
8. During the last 12 months has any rating agency communicated any changes in, or placed under review, any current financial or claims paying ability ratings of the **Applicant**? ..... Yes  No   
 If Yes, attach an explanation.
9. During the last 12 months has the **Applicant** had an independent outside actuarial certification of rates or reserve adequacy? ..... Yes  No   
 If No, attach an explanation.  
 If Yes, provide the dates (mm/dd/yyyy) of most recent certifications and the name of organizations that provided such certifications:  
 Are the recommendations contained in such certifications being implemented? ..... Yes  No   
 If No, attach an explanation.

10. Provide the following as it relates to the **Applicant's** fiscal year end (FYE):

	Most Recent FYE	Prior FYE	Projected FYE
<b>Total Assets</b>	\$	\$	\$
<b>Total Direct Written Premium</b>	\$	\$	\$

**III. EMPLOYEE/LOCATION INFORMATION**

11. Total number of employees\*.....

12. Complete the following table breaking out the number of Full Time and Part Time employees\*, Volunteers and natural person Independent Contractors\*\*:

As of Date of Application		Previous 12 Months		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors**

13. Total number of employees\* outside the United States? .....

14. Locations:

- a. Main office of the **Applicant**: ..... 1
- b. All other locations of the **Applicant**: ..... +
- c. Total number of locations:..... =

15. Are any of the above locations outside the United States? ..... Yes  No   
*If Yes, attach full details.*

\*Full and part time including leased, seasonal, and temporary employees  
 \*\*Independent Contractors may not be considered Employees with respect to certain coverages

**IV. AUDIT INFORMATION**

16. Has the **Applicant** changed outside auditors in the last 12 months? .....N/A  Yes  No   
*If Yes, attach an explanation.*

17. Has any auditor issued a “going concern” opinion for the **Applicant's** financial statements during the past 12 months? .....N/A  Yes  No   
*If Yes, attach an explanation.*

**V. REQUESTED INSURANCE TERMS**

**LIABILITY COVERAGES**

18. Does the **Applicant** desire any changes to the expiring limit or retention of any Liability Coverage? .... Yes  No   
*If Yes, indicate the desired changes in the table below*

Liability Coverage	Expiring Limit (A)	Requested Limit (B)	Expiring Retention (C)	Requested Retention (D)
Directors, Officers and Organization Liability	\$	\$	\$	\$
Employment Practices Liability	\$	\$	\$	\$
Fiduciary Liability	\$	\$	\$	\$

Insurance Company Professional Liability	\$	\$	\$	\$
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Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

Answer the following question for all Liability Coverages other than Insurance Company Professional Liability Coverage:

19. Solely with respect to any higher limit requested or that may ultimately be issued for the proposed renewal, is the **Applicant**, or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage? ..... Yes  No   
*If Yes, attach an explanation.*

*Solely with respect to any portion of the Limit for Liability Coverage(s) in the proposed policy that exceeds the amount of the Expiring Limit for such Liability Coverage(s) in the expiring policy, 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.*

**KIDNAP AND RANSOM COVERAGE**

20. Does the **Applicant** desire any changes to the expiring policy limits of insurance or retention? ..... Yes  No   
*If Yes, please indicate the desired changes in the tables below:*

Kidnap and Ransom Coverage Requested Limit	Requested Retention
\$	\$

**CYBER COVERAGE**

21. Does the Applicant desire any changes to the expiring policy limit or retention? ..... Yes  No   
*If Yes, please indicate the desired changes in the table below:*

Expiring Limit (A)	Expiring Retention	Requested Limit (B)	Requested Retention
\$	\$	\$	\$

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

22. Solely with respect to any new or higher limits requested or that may ultimately be issued for the proposed renewal, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under this CyberRisk Policy? ..... Yes  No   
*If Yes, please attach an explanation.*

*Solely with respect to any portion of the Limit for this CyberRisk Policy in the proposed policy that is new or exceeds the amount of the Expiring Limit for this CyberRisk Policy in the expiring policy, 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.*

**IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE**

23. Does the **Applicant** desire any changes to the expiring policy limits of insurance or retention? ..... Yes  No   
*If Yes, please indicate the desired changes in the table below:*

Identity Fraud Expense Reimbursement Coverage Requested Limit	Requested Retention
\$ 1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>	\$0 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/>
\$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>	

## B. DIRECTORS AND OFFICERS LIABILITY COVERAGE SECTION

### I. ORGANIZATION INFORMATION

1. In the past 12 months has there been, or in the next 12 months do you anticipate, any change in any of the following:
- a. The number of shareholders? ..... Yes  No
  - b. Shareholders that own(ed) greater than 5% of any class of security or class of shares outstanding? ..... Yes  No
  - c. The number of shares outstanding? ..... Yes  No
- If any of the questions above were answered Yes, please attach an explanation.*
2. Have there been any changes in the Board of Directors or Senior Management of the **Applicant** within the past 12 months for reasons other than death or retirement? ..... Yes  No
- If Yes, please attach an explanation.*

### II. REQUIRED ATTACHMENTS – DIRECTORS AND OFFICERS LIABILITY

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- List of Directors and Officers of the **Applicant**
- Most recent Annual Convention Statement\*
- Most recent Quarterly Convention Statement\*
- Most recent Annual Report (Complete Audited Financial Statement)\*
- Most recent Interim Financial Statements\*
- Any Private Placement Memorandum or any documents filed with the SEC in the past year
- Entity organizational chart, including interrelated non-insurance company entities

*\*Consolidated Financial Statements are preferred. However, if consolidated financial statements are not available for any organization, submit an individual financial statement for such organization.*

## C. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

### I. EMPLOYEE INFORMATION

1. Complete the following table providing employee information for the 5 states or foreign countries with the greatest number of **Applicant** employees (*attach a separate sheet if necessary*):

State or Foreign Country	Number of Employees

2. Complete the following table providing the *maximum* number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

Leased	Temporary	Seasonal	Union

3. Complete the following table providing employee turnover figures for the last 3 years:

Number of Terminations	Year - 20____	Year - 20____	Year - 20____
Voluntary			
Involuntary (excluding layoffs/downsizing)			
Layoffs/Downsizing			

4. Within the past 24 months how many officers have been involuntarily terminated or laid off? ... \_\_\_\_\_

5. Prior to employee terminations does the **Applicant** consult with:
- a. Human Resources personnel? ..... Yes  No
  - b. An attorney with experience in employment law? ..... Yes  No

**II. HUMAN RESOURCES**

6. During the past 12 months, has the **Applicant** made amendments to any Human Resources policies or procedures or Employee Handbook? ..... Yes  No   
*If Yes, please provide copies of such policies or procedures or handbook.*  
*If Yes, were the changes reviewed by legal counsel?..... Yes  No*

**III. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY**

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- If the **Applicant** has 1,000 or more employees, most recent EEO-1 report
- If the **Applicant** layoffs are either 10% of the workforce or more than 100 employees, complete the Downsizing Supplemental Application

**D. FIDUCIARY LIABILITY COVERAGE SECTION**

**I. PLAN DATA**

1. Premium to be paid by:.....Employer:  Trust or Plan:
2. Complete the table for all plans for which coverage is requested:

Full Plan Name	Plan Type*	Current Asset Value	Latest FYE Annual Contributions	Current # of Participants	Plan Status**
		\$	\$		
		\$	\$		
		\$	\$		
* Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach explanation					
** Active (A) Frozen (F) Sold (S) Terminated (T) – Include date of freeze, sale or termination					

*To enter more information, attach a separate page.*

**II. PLAN UNDERWRITING QUESTIONS**

3. Does any plan: (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law, or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits?..... Yes  No   
*If Yes, attach an explanation.*
  
4. Has any plan: (a) been the subject of an investigation by the Department of Labor, Internal Revenue Service (IRS), or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) filed for an exemption from a prohibited transaction; or (d) received an adverse opinion as to its financial condition by an independent public accountant? ..... Yes  No   
*If Yes, attach an explanation.*
  
5. If any plan is a defined benefit plan, has such plan: (a) experienced an event reportable to the Pension Benefit Guaranty Corporation; (b) not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard; or (c) been converted into a cash balance plan or is any such conversion expected in the next 12 months? *If there are no defined benefit plans, check N/A.* .....N/A  Yes  No   
*If Yes, attach an explanation.*
  
6. Has any plan: (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past two years or is any such merger, termination or sale anticipated in the next 12 months? ..... Yes  No   
*If Yes, attach an explanation detailing the implementation, disclosure and any relevant blackout periods.*
  
7. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? ..... Yes  No   
*If Yes, attach an explanation.*
  
8. Does any plan invest in a mutual fund, collective trust or similar investment pool that receives investment management services from the **Applicant** for a fee? ..... Yes  No   
*If Yes, attach an explanation.*
  
9. Provide the name of any firm providing the following services:

CPA (Certified Public Accountant)	Attorney	Actuary	Investment Advisor

**III. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY**

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- Plan financial statements for each defined contribution plan, if limit requested is greater than \$5,000,000 or the plan invests in employer securities
- Employer Securities Supplemental Application, if any plan is an ESOP or if any other defined contribution plan invests in employer securities
- Most recent 5500 of all plans

**E. INSURANCE COMPANY PROFESSIONAL LIABILITY COVERAGE SECTION**

**I. INSURANCE COMPANY OPERATIONS INFORMATION**

1. Indicate the following professional services performed by the **Applicant**:
- a. Claim handling and adjusting, subrogation, or salvage: ..... Yes  No
  - b. Personal injury rehabilitation: ..... Yes  No
  - c. Safety inspections, loss control, or safety engineering: ..... Yes  No
  - d. Premium financing: ..... Yes  No
  - e. Insurance consulting: ..... Yes  No
  - f. Insurance risk management: ..... Yes  No
  - g. Actuarial consulting: ..... Yes  No
  - h. Notary services: ..... Yes  No
  - i. Services for insurance pools (If Yes, provide details): ..... Yes  No
  - j. Insurance agent and broker activity (If Yes, submit an Insurance Agents Owned Operations Coverage Application): ..... Yes  No

2. Provide the following information for all professional services offered for a fee; include any professional service listed above only if such service is offered for a fee other than the premium charge for a contract of insurance or investment product:

Name of Professional Service	Description	Length of Time Service has been Offered	Most Recent FYE Fees or Revenues	Prior FYE Fees or Revenues
			\$	\$
			\$	\$
			\$	\$
			\$	\$

3. With respect to those professional services offered, other than claim handling and adjusting in connection with a contract of insurance issued by the **Applicant**:
- a. Are such professional services rendered pursuant to a written contract (including any professional services offered through a third party vendor)? ..... Yes  No
  - b. Are written contracts reviewed and approved by either in-house or outside legal counsel? ..... Yes  No
  - c. Are there written policies and procedures that govern the performance and administration of offered professional services? ..... Yes  No
  - d. If professional services are offered through a third party vendor, is such third party vendor required to agree, under written contract, to indemnify or limit the liability of the **Applicant** for such services? ..... Yes  No
- If No to any of the above, attach an explanation.*

4. Does the **Applicant** currently, or in the foreseeable future plan to, own or operate any entity providing any form of managed health care, or plan to utilize managed health care in connection with any contract of insurance through an independent contractor? ..... Yes  No

*If Yes, attach details, including the names and ownership of each entity, a full description of the service provided, and copies of any contracts, including insurance requirements and any hold harmless arrangements.*

**II. CLAIM HANDLING AND REPORTING PROCEDURES INFORMATION**

5. During the last 12 months, have there been any changes in:
- a. the procedures for handling excess of limits demands or verdicts, or bad faith claims? ..... Yes  No
  - b. other claim handling procedures? ..... Yes  No
  - c. the use of agents, outside adjusters or outside counsel in connection with claim handling? ..... Yes  No
  - d. claim settlement authority granted to agents, outside adjusters, or outside counsel? ..... Yes  No
- If Yes to any of the above, attach an explanation.*



6. Provide the name, title, and department of any individual responsible for the receipt of notice on behalf of the **Applicant** of any demand made or claim or suit brought against the **Applicant** that includes allegations of bad faith in claim handling or any violation of any unfair claim practices statute or similar law (e.g., *Head of Claims, Corporate Secretary, General Counsel, Risk Manager, or others*) (Control Persons):

Name	Title	Department

**III. CLAIM DEPARTMENT OPERATIONS INFORMATION**

7. Provide the following information for the **Applicant's** home office and field office claim department operations:

Staff	Most Recent FYE	Prior FYE
Claim Officers		
Claim Managers and Supervisors		
Senior Adjusters (Examiners)		
Junior Adjusters (Examiners)		
Administrative and Clerical Staff		
Total		
Average Adjuster Workload (Open Claim Files/Number of Adjusters)		

8. Provide the annual turnover rate for claim personnel, excluding administrative and clerical positions:

Most Recent FYE	Prior FYE

9. With respect to claim personnel, have there been any employee layoffs, terminations, workforce reductions or retirements resulting from any type of organizational restructuring, or office, branch or facility closing during the last 12 months or are there any anticipated within the next 12 months? ..... Yes  No   
*If Yes, attach an explanation.*

10. Indicate the number of field (regional or branch) claim offices of the **Applicant**: .....

11. What percentage of claims are handled within field offices? ..... %  
*If, in response to Question 11 above, field claim personnel do not refer any claims to your home office claim department, attach an explanation.*

12. Describe the types of claims that are not handled by field claim personnel, identifying specific classes of business and claim characteristics: .....

13. During the last 12 months, has the **Applicant** conducted any large loss reviews? ..... Yes  No   
*If No, attach an explanation.*

14. During the last 12 months, has the **Applicant** conducted claim file self-audits? ..... Yes  No   
*If No, attach an explanation.*

**IV. REQUIRED ATTACHMENTS – INSURANCE COMPANY PROFESSIONAL LIABILITY**

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- List of Directors and Officers of the **Applicant**
- Most recent Annual Convention Statement\*
- Most recent Quarterly Convention Statement\*

- Most recent Annual Report (Complete Audited Financial Statement)\*
- Most recent Interim Financial Statements\*
- Any Private Placement Memorandum or any documents filed with the SEC in the past year
- Entity organizational chart, including interrelated non-insurance company entities

*\*Consolidated Financial Statements are preferred. However, if consolidated financial statements are not available for any organization, submit an individual financial statement for such organization.*

**F. KIDNAP AND RANSOM COVERAGE SECTION**

**I. ORGANIZATION INFORMATION**

1. Has the **Applicant** materially changed its operations (e.g., new products and services) in the past 12 months? ..... Yes  No   
*If Yes, please attach an explanation.*
2. Has the **Applicant** materially changed its safety procedures as respects employee travel outside the United States in the past 12 months?..... Yes  No   
*If Yes, please attach an explanation.*
3. Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? ..... Yes  No

**II. FOREIGN EXPOSURE**

4. Update the foreign travel (outside the United States and Canada) of the Directors, Officers and other employees for the past 12 months and anticipated in the next 12 months:

City and Country of Destination	# of Trips	# of Individuals	Average Length of Trips

*To enter more information, please attach a separate page to the Application.*

5. Update the permanent foreign location (outside the United States and Canada):

City and Country	Number of Locations	Type of Operation (i.e. Sales, Manufacturing)	Number of Employees

*To enter more information, please attach a separate page to the Application.*

**G. CYBER COVERAGE SECTION**

**I. CYBER SECURITY INFORMATION**

1. Has there been a change to the position that is responsible for information security? Yes  No   
*If Yes, please attach an explanation.*
2. Have there been any material changes to policies or procedures relating to oversight of website or other electronic material? *If Yes, please attach an explanation.* Yes  No
3. Have there been any material changes to security policies or procedures provided to employees? *If Yes, please attach an explanation.* Yes  No
4. Does the Applicant currently use a Cloud Service Provider in the course of business operations? Yes  No   
a. Cloud Provider currently under contract: \_\_\_\_\_

5. With respect to computer systems, does the **Applicant** have (select all that apply):
- Secondary / backup computer system     Business continuity plan     Disaster recovery plan  
 Incident response plan for network intrusions and virus incidents
- If a secondary / backup system is in place, how long before this system is operational? \_\_\_\_\_
6. Which of the following does the **Applicant** currently have in place (select all that apply):
- Up-to-date, active firewall technology     Updated anti-virus software active on all computers and networks  
 Patch management procedures     Intrusion detection software  
 Multi-Factor login for privileged access     Valuable / Sensitive Data Backup procedures  
 Remote access limited to VPN     Procedure to test or audit network security controls
7. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? \_\_\_\_\_
8. If applicable, is **Applicant** currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)?    Yes  No  N/A
9. If applicable, is **Applicant** currently HIPAA compliant?    Yes  No  N/A
10. Does the **Applicant** encrypt private or sensitive information (*if Yes, select all that apply*):    Yes  No
- Data at rest     Data in transit     Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.)

## II. REQUIRED ATTACHMENTS – CYBER

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most current audited or annual financial statements if annual revenues exceed \$10,000,000 or requested Limit of Liability for Network and Information Security Liability coverage exceeds \$3,000,000.

## H. IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE SECTION

### I. CONTACT INFORMATION

Contact Name	Email	Phone

## I. COMPENSATION NOTICE

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.

## J. FRAUD WARNINGS

**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.

**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.

**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 for the purpose of defrauding 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 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.

**K. 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  
(Chairman, President, or CEO)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**L. 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**