



Travelers Casualty and Surety Company of America  
Hartford, Connecticut 06183

**A. COMMON SECTION**

**NOTICE:** ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" 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. THE COMPANY HAS NO DUTY TO DEFEND ANY "CLAIM" UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

**GENERAL INFORMATION**

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

Agency	Code	Agent Name/License Number	Policy Number

**Applicant Information:**

Name of **Applicant**: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Description of **Applicant's** Operations: \_\_\_\_\_  
Year **Applicant's** Business Was Established: \_\_\_\_\_

Does the **Applicant** now have tax exempt status under the United States Internal Revenue Code?      Yes      No  
Is the **Applicant** a subsidiary of a foreign parent?      Yes      No  
Does the **Applicant** currently file, or do they anticipate in the next 6 months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities?      Yes      No

**CONTACT INFORMATION FOR RISK MANAGEMENT SERVICES**

*The policy for which this application is made includes Risk Management Plus+ Online<sup>SM</sup>, a loss prevention program. Please provide the name and contact information for the individuals responsible for overseeing Financial and Human Resource matters for access to the program. This service is not, and should not be, considered a substitute for competent legal counsel. Any recommendations should be reviewed with appropriate legal counsel before implementation.*

HR Contact: \_\_\_\_\_ HR Contact Email: \_\_\_\_\_  
Title: \_\_\_\_\_ HR Contact Phone: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_ CFO Contact Email: \_\_\_\_\_  
Preferred Title: \_\_\_\_\_ CFO Contact Phone: \_\_\_\_\_

1. Subsidiary Information and 50% or more owned joint ventures under management control:

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			

\*Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership  
LLC = Limited Liability Company To enter more information, please attach a separate page or an organization chart

2. Locations of **Applicants** and number of employees\* for each:

State or Foreign Country	# of Locations	Full Time Employees		Part Time Employees	
		As of Date of Application	12 Months Ago	As of Date of Application	12 Months Ago

**\*Employees include Leased, Temporary, Seasonal and Volunteer Employees  
To enter more information, please attach a separate page to the application**

3. 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):

Labor Unions	Independent Contractors	Temporary	Leased	Seasonal

4. In the next 12 months (or during the past 24 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?               | 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 |

**If any of the above questions were answered “Yes”, please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.**

## FINANCIAL INFORMATION

**Note: Omit this section if the Applicant is required to submit a separate financial statement as directed by any Required Attachments section.**

Please indicate the following as it relates to the Applicant’s fiscal year end (FYE): <i>(please indicate negative figures with “( )” or “-”, as appropriate)</i>	Most Recent FYE (Month/Year) /	Prior FYE (Month/Year) /
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the <b>Applicant</b> currently, or has it been in the past 24 months, in violation or has it amended any debt covenant? <b>If “Yes”, please attach an explanation</b>		Yes No

## AUDITOR INFORMATION

- | Scope of CPA Financial Statement preparation:   | Internal | Compilation | Review | Audit | None   |
|---|----------|-------------|--------|-------|--------|
| 1. Has the <b>Applicant</b> changed outside auditors in the last three (3) years?<br><b>If “Yes”, please attach an explanation</b>  |          |             |        | Yes   | No N/A |
| 2. Have the outside auditors stated there are material weaknesses in the <b>Applicant’s</b> systems of internal controls? <b>If “Yes”, please attach an explanation and provide the latest CPA letter to management and management’s response</b> |          |             |        | Yes   | No N/A |
| 3. Has the <b>Applicant</b> implemented all material recommendations of the auditor?<br><b>If “No”, please attach an explanation</b>  |          |             |        | Yes   | No N/A |
| 4. Has any auditor issued a “going concern” opinion for the <b>Applicant</b> or any of its subsidiaries financial statements during the past three (3) years? <b>If “Yes”, please attach an explanation</b>                                       |          |             |        | Yes   | No N/A |

## POLICY OPTIONS

1. What limit options would the **Applicant** like? (please select all that apply)

Individual Limits	Liability Coverage Shared Limit of Liability	Crime Coverage Aggregate Limit of Insurance	WRAP+ Aggregate Limit of Liability
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2. Does the **Applicant's** current D&O coverage include EPL coverage?

Yes    No    N/A

3. What is the **Applicant's** preference for defense coverage?

Duty to Defend                      Reimbursement

## CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

### LIABILITY COVERAGES

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Desired Liability Coverage	Coverage Requested	Requested Limit	Requested Retention	Coverage Currently Purchased	Expiring Limit	Expiring Retention	Premium
<b>Directors and Officers (D&amp;O)</b>	Yes    No	\$	\$	Yes    No	\$	\$	\$
	<b>Requested Effective Date</b>		<b>Current Insurer</b>			<b>Date Coverage First Purchased</b>	
<b>Employment Practices (EPL)</b>	Yes    No	\$	\$	Yes    No	\$	\$	\$
	<b>Requested Effective Date</b>		<b>Current Insurer</b>			<b>Date Coverage First Purchased</b>	
<b>Fiduciary Liability</b>	Yes    No	\$	\$	Yes    No	\$	\$	\$
	<b>Requested Effective Date</b>		<b>Current Insurer</b>			<b>Date Coverage First Purchased</b>	
<b>Miscellaneous Professional Liability</b>	Yes    No	\$	\$	Yes    No	\$	\$	\$
	<b>Requested Effective Date</b>		<b>Current Insurer</b>		<b>Date Coverage First Purchased</b>		<b>Retroactive Date:</b>

1. With respect to the Liability Coverages currently purchased as indicated in column (d) above, and for which the Applicant is applying with this application, please answer the following question:

As of the Date the **Applicant** first purchased this Liability Coverage, were there any facts, circumstances, or situations which might have resulted in a claim being made against any insured? Yes    No

**If "Yes", please attach an explanation**

*(Not applicable if coverage first purchased and continuously maintained more than 3 years prior to this application date)*

2. With respect to the Liability Coverages being applied for above, Liability for Coverages answered "No" in column (d) above:

Are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage(s) for which the **Applicant** is applying? **If "Yes", please attach an explanation** Yes    No

3. With respect to the Liability Coverages being applied for above, if Requested Limit of Liability in Column (b) exceeds the Expiring Limit of Liability in Column (e):

With respect to the higher limits requested, are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage(s) for which the **Applicant** is applying? Yes    No

**If "Yes", please attach an explanation**

***Without prejudice to any other rights and remedies of the Company, any claim arising from any facts or circumstances required to be disclosed is excluded from the proposed insurance.***

## CRIME COVERAGES

1. Desired Crime Coverage	Expiring Limit	Expiring Retention	Requested Limit	Requested Retention
Fidelity: Employee Theft				
Fidelity: ERISA Fidelity				
Fidelity: Employee Theft of Client Property				
Forgery or Alteration				
On Premises (Money, Securities and Other Property)				
In Transit (Money, Securities and Other Property)				
Money Orders and Counterfeit Money				
Computer Crime				
Funds Transfer Fraud				
Personal Accounts Protection				
Claim Expense				

Expiring Insurer: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

2. Desired Kidnap and Extortion for Ransom Coverage	Expiring Limit	Expiring Retention	Requested Limit	Requested Retention
Yes No				

Expiring Insurer: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

## OTHER COVERAGES:

Desired Identity Fraud Expense Reimbursement Coverage	Requested Limit	\$ 1,000	\$ 5,000	\$ 10,000	\$ 25,000
	Requested Retention	\$ 0	\$ 100	\$ 250	
	Expiring Limit	\$			
	Expiring Retention	\$			

\*Contact information required to verify employment at time of claim.

Contact Name\*:

Email:

Phone:

## LOSS INFORMATION

### FOR LIABILITY COVERAGES

Related to the requested Liability Coverage(s), has any person or entity proposed for this insurance been a party to any employment-related claims, ERISA claims, professional liability claims, securities claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years including but not limited to, shareholder, creditor, antitrust, fair trade law, copyright or patent litigation, whether or not insured? **If "Yes", please complete the table below**

Yes No

*To the extent that any lawsuit or claim required to be disclosed in response to the question above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.*

Details	Amount Paid for Defense	Amount Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented
	\$	\$	Yes No	
	\$	\$	Yes No	

## FOR CRIME, KIDNAP AND EXTORTION FOR RANSOM AND IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGES

Has the **Applicant** incurred any Crime, Kidnap and Extortion for Ransom or Identity Fraud Expense Reimbursement related losses or incidents during the past three years?

Yes No

If “Yes”, please complete the table below

To the extent that any loss, incident or expense is required to be disclosed in response to the question above and such loss, incident or expense was “Discovered”, as defined by these Coverages, prior to the policy period requested hereunder, such loss, incident or expense is excluded under these Coverages.

Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	\$		
	\$		
	\$		

## B. PRIVATE DIRECTORS & OFFICERS COVERAGE PART

**NOTICE:** Private Company Directors & Officers Liability policies typically include Employment Practices Liability Coverage. If the Applicant desires Employment Practices Liability Coverage, please complete and attach the Employment Practices Liability Coverage Application with this application. The application below only pertains to the Private Company Directors & Officers Liability Coverage.

### SHAREHOLDER INFORMATION

1. Total Shares	Common	Preferred	Other
Authorized			
Outstanding			
Voting Shares Outstanding			
Voting Shares Owned by Directors & Officers (Direct & Beneficial)			
Number of Voting Shareholders			

If there are multiple classes of stock, please attach a list. The list should include: Number of Shareholders and Number of Shares Held in Each Stock Class

- Does the Charter or By-laws of the Organization provide indemnification to its Directors and Officers to the fullest extent permitted by law? Yes No
- Are there any securities that are convertible to voting stock? If “Yes”, please attach an explanation Yes No
- Please list all shareholders that own greater than 5% of any class of security:

Shareholder	Class of Security	% Owned	Director or Officer?
		%	Yes No
		%	Yes No
		%	Yes No
		%	Yes No
		%	Yes No

If there are more shareholders, please attach a list. The list should include: Shareholder Name, Class of Security, % Owned and Indicate if they are a Director or Officer

- Is any shareholder a trust that qualifies as an Employee Stock Ownership Plan under ERISA or holds securities for the benefit of employees? If “Yes”, please attach most recent stock valuation report Yes No
- Have there been any changes in the Board of Directors or Senior Management of the Applicant within the past three (3) years for reasons other than death or retirement? If “Yes”, please attach an explanation Yes No
- Are there currently outstanding loans to any director or officer? If “Yes”, please attach an explanation Yes No

## REQUIRED ATTACHMENTS – PRIVATE D&O

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent annual financial statement, if limit requested is greater than \$1,000,000 or, **Applicant** has been in business less than 3 years.
- List of Directors & Officers, if limit requested is greater than \$1,000,000
- Any Private Placement Memorandum(s) or any documents filed with the Securities and Exchange Commission in the past year
- Interim financial statement for Development Stage companies

## C. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

(Please provide the following turnover figures for each of the last three years)

	20__	20__	20__
Voluntary Terminations			
Involuntary Terminations			
Layoffs			

Number of employees compensated **less than** \$50,000 annually: \_\_\_\_\_

Number of employees compensated **more than** \$100,000 annually: \_\_\_\_\_

## HUMAN RESOURCES

- |  |     |    |
|--|-----|----|
| 1. Does the <b>Applicant</b> have a Human Resources (HR) department?   | Yes | No |
| Number of HR employees:  |     |    |
| 2. Are individuals who handle human resources functions, both in HR department and locally, formally trained on HR matters?  | Yes | No |
| 3. Does the <b>Applicant</b> have an employee handbook which has been reviewed by legal counsel?   | Yes | No |
| 4. Does the <b>Applicant</b> utilize an employment application?  | Yes | No |
| 5. Does the employment application or employee handbook contain “Employment at Will” language?   | Yes | No |
| 6. Does the employment application contain an “Equal Employment Opportunity” statement?  | Yes | No |
| 7. Please indicate whether the <b>Applicant</b> has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding: |     |    |

	Yes	No	Receipt Acknowledged	
Zero Tolerance Sexual Harassment	Yes	No	Yes	No
Discrimination	Yes	No	Yes	No
Equal Opportunity	Yes	No	Yes	No
Disabled Employees and Accommodations	Yes	No	Yes	No
Grievance Procedures	Yes	No	Yes	No
Pregnancy Leave/FMLA	Yes	No	Yes	No
Employee Discipline	Yes	No	Yes	No
Annual Written Performance Evaluation	Yes	No		

- |  |                    |               |
|--|--------------------|---------------|
| 8. Have the above policies and procedures been reviewed by legal counsel within the past 24 months?  | Yes                | No            |
| 9. With respect to employee terminations, does the <b>Applicant</b> consult with legal counsel or Human Resources personnel prior to every termination?<br><b>If “No”, please attach an explanation describing your procedures</b> | Yes                | No            |
| 10. Please indicate whether the <b>Applicant</b> conducts human resources training, including sexual harassment training for managers and supervisors?   | Yes                | No            |
| 11. What percent of the <b>Applicant’s</b> revenue is derived from being a Federal Contractor?   | %                  |               |
| 12. Is <b>Applicant</b> a:   | General Contractor | Subcontractor |
| If General Contractor, what percentage of jobs require Subcontractors?   | %                  |               |

## REQUIRED ATTACHMENTS – EPLI

As part of this Application, submit the following documents with respect to the **Applicant**:

- Employee Handbook, if **Applicant** has 500 or more employees
- Most recent EEO-1 report, if **Applicant** has 1,000 or more employees
- Most recent annual financial statement, if policy limit requested is greater than \$2,000,000
- Construction Supplemental Questionnaire, if **Applicant** is a contractor
- Third Party Supplemental Questionnaire, if **Applicant** requests this coverage option

## D. FIDUCIARY LIABILITY COVERAGE PART

<b>Premium to be Paid By:</b> Employer or Union	Trust or Plan
Total Number of Plan Fiduciaries:	

### PLAN DATA – (COMPLETE CHART FOR ALL PLANS FOR WHICH COVERAGE IS REQUESTED)

Full Plan Name	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current No. of Participants	**Plan Status
*Plan Types: Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach Explanation					
**Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)					
<u>List additional plans on a separate attachment</u>					

### PLAN UNDERWRITING QUESTIONS

- |  |     |    |
|--|-----|----|
| <p>1. Is each plan reviewed periodically to assure there are no violations of ERISA (e.g., prohibited transactions or party-in-interest rules)? <b>If “No”, please attach an explanation</b></p>   | Yes | No |
| <p>2. 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; (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits; or (c) invest in or provide an option to invest in employer securities? <b>If “Yes”, please attach an explanation</b></p>   | Yes | No |
| <p>3. Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) experienced an event reportable to the PBGC; (d) filed for an exemption from a prohibited transaction; (e) received an adverse opinion as to its financial condition by an independent public accountant; or (f) not been certified by an actuary to be adequately funded in accordance with ERISA’s minimum funding standard? <b>If “Yes”, please attach an explanation</b></p> | Yes | No |
| <p>4. Does the <b>Applicant</b> sponsor any Cash Balance Plans or does the <b>Applicant</b> anticipate the conversion to or has it ever converted a pension plan to a Cash Balance Plan? <b>If “Yes”, please attach an explanation</b></p>   | Yes | No |
| <p>5. 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 anticipated in the next 12 months? <b>If “Yes”, please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants</b></p>   | Yes | No |
| <p>6. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? <b>If “Yes”, please attach an explanation</b></p>   | Yes | No |
| <p>7. Does the employer, committee or employer representatives, or union board of trustees have final say over the determination of whether benefits will be paid under any healthcare plan sponsored by this Insured? <b>If “Yes”, please attach an explanation identifying the names of such plans</b></p>   | Yes | No |

Please provide name of firm(s) providing the following services:

CPA	Attorney	Actuary	Investment Advisor

**REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY**

- Sponsor financial statement if the **Applicant** maintains a defined benefit, self-funded welfare plan, an Employee Stock Ownership Plan or if the **Applicant** is a Church or Government or Quasi-Governmental entity
- Sponsor and plan financial statement for each defined contribution plan, if limit requested is greater than \$5,000,000
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- ESOP Questionnaire, if any plan is an ESOP or if any plan has 10% or more of plan assets invested in employer securities
- Most recent Form 5500 for each Union plan or Self Insured Welfare plan
- Schedule of plan trustees for each Union plan and any Church, Government or Quasi-Government plan

**E. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART**

1. Describe, in detail, all professional services offered by the **Applicant**:

Professional Services	Coverage Desired?	% of Total Revenue	% of Revenue Sub-Contracted
	Yes No	%	%
	Yes No	%	%
	Yes No	%	%

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

2. Is a written contract or agreement required for each client?

**If Yes, attach sample**

**If “No”, please attach an explanation detailing how responsibilities are defined between the Applicant and their Client**

Yes No

3. Projected Revenue for the next 12 months: \$ \_\_\_\_\_

4. Does the **Applicant** provide any services over the Internet? **If “Yes”, Please Attach an Explanation**

Yes No

5. a. Number of Professionals/Principals/Officers \_\_\_\_\_ All other employees \_\_\_\_\_

b. List the following information for all Principals/Partners, Officers, Professional Employees:

Name	Title	Professional Designation	Numbers of Years Experience in Practice	Number of Years with the Applicant

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

6. List all professional associations to which the **Applicant** belongs:

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## UNIQUE/SIGNIFICANT EXPOSURES

Please indicate any of the following characteristics or exposures that apply to your business operations:

Precious Metals or Gemstones	Proprietary credit cards	Care, custody and control of clients' property
High Unit, Portable Inventory	Employee credit cards	Active participation in more than one industry
Managed Assets of Others	Computer chips	Art collection or other valuable collectibles
Proprietary Trading Activity	Warehousing operations	None Applicable
Joint Ventures	Narcotics	

*If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment*

## REQUIRED ATTACHMENTS – CRIME

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent annual financial statement, for limit requests of \$5,000,000 or greater
- CPA Management Letter, if prepared, for limit requests of \$5,000,000 or greater
- If coverage for Employee Theft of Client Property (Third Party Crime) is requested, submit Third Party Crime Supplemental Questionnaire.

## G. KIDNAP & EXTORTION COVERAGE PART

1. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? **If “Yes”, please attach an explanation** Yes    No

## FOREIGN EXPOSURE

*\*Please complete the following questions regarding foreign locations and travel.*

1. Do directors, officers or other employees of the **Applicant** take trips outside the United States and Canada? Yes    No  
**If “Yes”, please provide travel information for the previous 12 months and upcoming 12 months**

Country	Number of Trips	Number of Individuals	Average Length of Trips

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

2. Are there any permanent foreign locations of the **Applicant**? Yes    No  
**If “Yes”, please provide both the existing and anticipated foreign locations:**

Country	Type of Operation (i.e. Sales, Mfg.)	Number of Employees

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

3. Are any steps taken to ensure an Insured Person’s safety when traveling outside the United States? Yes    No  
**If “Yes”, please attach an explanation**
4. Are any steps taken to ensure the safety of Insured Person(s) and Premises permanently located outside of the United States? **If “Yes”, please attach an explanation** Yes    No
5. Does the **Applicant** or any person(s) to be covered under this policy have knowledge or information of any specific fact which may reasonably give rise to a claim? Yes    No  
**If “Yes”, please attach an explanation**

## H. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED ST. PAUL TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY ST. PAUL TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

*Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA*

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 may also be subject to a civil penalty.

*(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)*

*(In Colorado, 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.)*

*(In 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 or concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)*

*(In 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.)*

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

\_\_\_\_\_ Title: \_\_\_\_\_

Name (Printed):

\_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL INFORMATION

*This page may be used to provide additional information to any question on this application. Please identify the Section and Question Number (e.g., Financial Information, #9).*