



Travelers Casualty and Surety Company of America

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: If defense within limits is selected, the limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after the exhaustion of the limits of liability.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise, that:

- 1. have gross annual revenue of \$100,000 or less; and
2. have revenue derived only from Bookkeeping/Write-ups/Payroll, Review, Compilation, Personal Financial Planning, Investment Advisory, Tax-Business, Tax-Individual, Tax-Estate and Trust, Management Advisory, Hardware/Software Consulting and Sales, or Forensic Accounting/Litigation Support/Investigative Accounting Services.

If the firm has gross annual revenues greater than \$100,000, or if the firm renders Audit, Business Valuation, Forecast, Projection, Limited Partnership or Tax Shelter Syndication, Merger and Acquisition, Securities, or Trustee services, or any services not included in 2. above, this Pick-A-Premium Application may not be used to apply for coverage; please complete the Travelers Accountants Professional Liability Application.

GENERAL INFORMATION

Form fields for General Information including: Legal Name of Firm, Year Established, Trade or Doing Business as Name, Proposed Effective Date, Address, City, State, Zip, Mailing Address, Primary Contact Name, Telephone Number, Web Address, Email Address, Entity Type (Corporation, Sole Proprietorship, General Partnership, Limited Liability Corporation, Professional Association, Other).

Please indicate all areas of practice from which your firm derives revenue:

Form fields for areas of practice: Bookkeeping/Write-ups/Payroll, Reviews, Compilations, Personal Financial Planning, Investment advisory, Tax - Business, Tax - Individual, Tax - Estate and Trust, Management Advisory, Hardware/Software Consulting and Sales, Forensic Accounting/Litigation Support/Investigative Accounting.

Provide the following information if your firm currently carries professional insurance:

Table with 6 columns: Carrier, Policy Period, Limits, Deductible, Premium, Retroactive Date.

Would you like your agent to provide a Business Owners Policy quote? [ ] Yes [ ] No

**APPLICANT INFORMATION**

1. Is the firm’s annual revenue from the prior fiscal year, or anticipated revenue for the current fiscal year, more than \$100,000?  Yes  No
2. Is any member of the firm engaged in any non-accounting services on behalf of the firm, including services as an attorney, insurance agent or registered representative?  Yes  No
3. If this firm is subject to peer review, has there ever been a time when this firm has not passed such a review?  Yes  No
4. Has any member of the firm:
  - a. been the subject of any disciplinary or regulatory investigation or inquiry,
  - b. had their professional license suspended or revoked, or
  - c. been indicted for or convicted of a felony?  Yes  No

Travelers renewal customers do not need to answer questions 5 and 6.

5. Does the firm or anyone to whom this insurance would apply have knowledge of:
  - a. any claim against them in the past five years, or earlier if still pending, resulting from professional services, or
  - b. any incident, act, error, or omission that may reasonably be expected to be the basis of a professional liability claim?  Yes  No
6. Has any person or entity seeking coverage under this proposed policy ever had their professional liability insurance nonrenewed or cancelled? (*Missouri applicants: do not respond*)  Yes  No

If No to question 1-6, you qualify for coverage under the Pick-A-Premium; please select a coverage option below.

If Yes to any question 1-6, please complete the Travelers Accountants Professional Liability Application.

**LIMITS AND DEDUCTIBLE**

**PICK-A-PREMIUM COVERAGE OPTIONS**  
(check only one)

Limits of Liability	\$100,000/\$300,000	\$250,000/\$500,000	\$500,000/\$1,000,000	\$1,000,000/\$1,000,000
Defense Expenses Within Limits	<input type="checkbox"/> \$325 Annual Premium	<input type="checkbox"/> \$425 Annual Premium	<input type="checkbox"/> \$600 Annual Premium	<input type="checkbox"/> \$725 Annual Premium
Defense Expenses Outside Limits	<input type="checkbox"/> \$450 Annual Premium	<input type="checkbox"/> \$575 Annual Premium	<input type="checkbox"/> \$725 Annual Premium	<input type="checkbox"/> \$850 Annual Premium
Deductible	\$0	\$0	\$0	\$0
Policy Term	2 years	2 years	2 years	2 years

*Defense expenses within limits means the limits of liability are eroded by both damages and defense expenses. Defense expenses outside limits means the limits of liability are eroded by damages only.*

*Limits of at least of \$500,000/\$1,000,000 are required for Defense Expenses Within Limits coverage in New Mexico and New York. Limits of \$1,000,000/\$1,000,000 are required for Defense Expenses Within Limits coverage in Arkansas, Montana, North Dakota, and South Dakota. Defense Expenses Within Limits Coverage is not available in Vermont.*

*Premiums above do not include any applicable state taxes or surcharges.*

**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.

**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 his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and 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:

## **Additional Information**