

Travelers Casualty and Surety Company of America

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.

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

Complete this supplement only if your firm provides services that fall under the 1933 or 1934 SEC Acts.

GENERAL INFORMATION

Legal Name of Firm:

DESCRIPTION OF SECURITIES SERVICES

1. Provide the following information for each firm member that provides SEC services:

Name of Employee	Securities Practice-Billable Hours Most Recent 12 Months	Securities Practice-Billable Hours Prior 12 Months	Years of Securities Experience

2. Provide the following information for each private or public offering within the last five years. Include filings that were withdrawn, offerings which were unsuccessful, filings made pursuant to an exemption from registration, and filings anticipated within the next 90 days. Additionally, provide this information on affiliated reports, statements, or similar offering documents:

Date Offering Began	Name of Issuer	Type of Offering (1)	Nature of Issuer's Business	Dollar Amount of Offering	Description of Security	Registered or Exempt Offering	Did Firm Render an Opinion	Party that services were provided to (2)
				\$			<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	

(1) Key: PRI = Private Placement, PUB = Public Placement, B = Bond (Private), SY = Syndication, M = Municipal Financing, LTP = Limited Partnership

(2) Key: I = Issuer, U = Underwriter, L = Lender, P = Purchaser, A = Auditor, O = Other (describe):

3. Tender Offers and Exchange Offers:

- a. Within the past five years, has the firm provided accounting services in connection with any tender or exchange offer? Yes No
- b. Within the past five years, has the firm advised any client with respect to a tender offer made or proposed involving any entity whose management opposed such offer? Yes No

4. Proxy Contests:

- a. Within the past five years, has the firm provided accounting services in connection with any proxy contest involving a public company? Yes No
- b. Was the firm's client, in connection with any such contest, a person or entity opposing director nominees of the public company or its management? Yes No

5. How many of the bond issues above:
- a. are currently in default? _____
 - b. have experienced a default proceeding? _____

RISK MANAGEMENT

6. Client Identification and Evaluation:

- a. Does the firm have a written procedure for new client identification intended to assure that there will be no conflict of interest with respect to the securities matters to be undertaken by the firm? Yes No
- b. Is there a written policy requiring yearly reviews of existing clients for potential conflicts? Yes No
- c. Does the firm have a written procedure for evaluating a new client seeking securities advice relative to a proposed transaction or offering to determine such things as: the client's reputation, the nature of its business, financial strength, management expertise, and history of changing securities accountants and lawyers? Yes No
- d. Has the firm ever declined a client based on these procedures? Yes No
- e. Does the firm use an engagement letter with each client that stipulates the services the firm has agreed to provide and the responsibilities of the client? Yes No

If the firm answered no to any part of question 6, provide details: _____

7. Disclosure and Opinion Requirements:

- a. Does the firm have a written procedure that requires at least one CPA who is not working on the services in question, review and approve all written materials prior to their release? Yes No
- b. Does the firm have a written procedure that requires a firm member interview each client's directors, executive officers, and principals in connection with disclosure document preparation and review? Yes No
- c. Does the firm have a written procedure that requires the preservation of written records of the factual source and verification made by the firm's accountants in connection with disclosure documents and preservation of records to support opinions rendered by the firm? Yes No

If the firm answered no to any part of question 7, provide details: _____

8. Potential Conflicts:

- a. Does the firm have a written policy that prohibits firm staff from participating in the securities selling process, e.g., marketing meetings or calls involving prospective investors? Yes No
- b. Does the firm have a written policy that governs trading and investing in client securities by firm members? Yes No
- c. Does the firm have a written procedure intended to prevent tipping and insider trading? Yes No
- d. Does the firm have a written policy that prohibits any arrangement where a securities client pays for the firm's services with client securities? Yes No

If the firm answered no to any part of question 8, provide details: _____

9. Has any firm member served as an officer, director, trustee, or general partner OR held an equity or financial interest in any securities client? Yes No

If yes, identify client and position held or nature of equity or financial interest: _____

10. Has the firm had a dispute with a securities client that necessitated disclosure to the Securities and Exchange Commission? Yes No

If yes, provide the name of the client, date of withdrawal or dispute, and description of the withdrawal or dispute: _____

11. Has any past or present member of the firm been named as a party to:

- a. any investigation or administrative action undertaken by the Securities and Exchange Commission or any state securities regulatory body? Yes No
- b. any legal action under the SEC Acts of 1933 or 1934 or any state statute relating to the issuance, offering, or sale of securities? Yes No

If yes to any part of question 11, provide details: _____

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

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.

Authorized Representative Signature*: X	Authorized Representative Name and Title:	Date (mm/dd/yyyy):
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PRODUCER INFORMATION (REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature*: X	State Producer License No:	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box below. 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.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance – Producer