TRAVELERS

Travelers 1st Choice+®

Accountants Professional Liability Coverage

Travelers Casualty and Surety Company of America

Separate Entity Supplement

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).

GENERAL INFORMATION

Legal Name of Firm:

Complete a separate supplement for each entity, other than the firm listed above, that provides accounting services and desires coverage under this proposed policy.

DESCRIPTION OF SEPARATE ENTITY

1. Legal name of entity:

2. Address of entity (if different than the main application): City: State: Zip:

3. Date entity was established:

4. Provide complete ownership information for the entity:

Name of owner or shareholder	Member of Firm	Ownership percentage
	☐ Yes ☐ No	%
	☐ Yes ☐ No	%
	☐ Yes ☐ No	%

5. Description of accounting services provided by this entity:

6. What is this entity's anticipated 12 month revenue for the current fiscal year?
(Combine total actual revenue to date and estimated revenue until the end of the fiscal year): $

7. What was this entity's actual 12 month revenue for the prior fiscal year? $
Were the revenue figures in questions 6. and 7. included the main application? ☐ Yes ☐ No

8. Does this entity currently carry professional liability insurance? ☐ Yes ☐ No
If yes, provide a copy of the current declarations page and any applicable policy endorsements.

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)*:

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