



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).

GENERAL INFORMATION

Legal Name of Firm:

PERSONAL FINANCIAL PLANNING/INVESTMENT ADVICE

Complete this if you are providing Personal Financial Planning/Investment Advice. Personal Financial Planning/Investment Advice is a service in which the Accountant provides the client with financial, economic or investment advice, including investment management services.

1. Services include:

Table with 4 columns: Services, Yes or No, and Compensation (Commission, Referral Fee, Fee, Other). Rows include: Prepare Financial Plan or Asset Allocation Modeling, Recommend specific investment products, Discretionary Asset Management, Non-Discretionary Asset Management, Conduct Investment Transactions for Clients, Assist in the Buying or Selling of Real Estate, and Other Financial Planning, Portfolio Management or Investment Advice.

2. Does the firm require a signed engagement letter or contract, updated annually, describing the client's personal financial planning and Investment goals, and outlining both the services the firm will provide and the client's responsibilities? [] Yes [] No

3. For any investment products recommended complete the information below:

% Revenue	Products		
%	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Variable Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fixed Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Life/Health/Disability/Accident Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
%	Listed Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Property/Casualty Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
%	Unlisted Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Foreign Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Options and Futures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Real Estate Investment Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Private Placements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	General and Limited Partnerships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Viatical Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
%	Derivatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hedge Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other: (describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. For any discretionary asset management services complete the information below:

	Current/Projected Fiscal Year Revenue	Prior Fiscal Year Revenue
Discretionary Asset Management	\$	\$
Types of Transactions Handled		
Number of clients		

5. Does the firm:

- a. ensure that all client bank accounts are reconciled by someone other than firm employees who are authorized to deposit, move, or withdraw funds from the client's account? Yes No
- b. maintain an employee dishonesty insurance policy in connection with the discretionary authority services? Yes No
- c. engage the services of an outside investment or money manager? Yes No

6. Does the firm, or any member of the firm, act as a fiduciary or adviser to an ERISA plan, or recommend investment or mutual funds to which the firm provides other accounting services or acts as an officer or director? Yes No

7. Does any member of the firm purchase or sell securities, insurance products, or other investment products on behalf of clients? Yes No

- a. If yes, provide the name of the entity under which members of the firm purchase or sell securities, insurance products, or other investment products and provide professional liability policy information or attach a copy of the declarations page.

Name:

Carrier	Policy Period	Limits	Deductible	Premium	Retroactive Date
	to	\$	\$	\$	to

- b. If no, does your firm have a contractual relationship with a securities broker or dealer for referrals? Yes No
If yes to b., provide information below and attach a copy of the indemnification agreement clause from the agreement.

Name	Central Registration Depository Number	Professional Liability Insurance?	Limit	Deductible
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

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