



Travelers Casualty and Surety Company of America

NOTICE

ANY LIABILITY COVERAGE FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMITS 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.

The term Applicant means all corporations, organizations or other entities, including subsidiaries, whose directors, officers, or other persons are proposed for this insurance.

A. GENERAL INFORMATION

1. Applicant Information:

Name of Applicant:.....

Street Address:.....

City, State, ZIP Code:.....

Name of person or position that all notices to the Insured Persons should be addressed:.....

B. SPECIFIC INFORMATION

2. Asset or Equity Acquisition or Offering Information:

a. Does the Applicant have under consideration any acquisition, tender offer, merger, consolidation, or divestiture; or purchase or sale of assets exceeding 30% of consolidated assets? ..... Yes [ ] No [ ]

If yes, attach full details.

b. Have there been any offers (including tender offers) or negotiations to offer to purchase five percent or more of any class of voting stock of the Applicant in the past 12 months or are any such offers expected in the future? ..... Yes [ ] No [ ]

If yes, attach full details.

c. Has the Applicant conducted a private or public offering of its securities within the past 12 months or is such an offering contemplated within the next 12 months? ..... Yes [ ] No [ ]

If yes, attach full details, including the prospectus or private placement memorandum.

C. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents:

- Copy of the Applicant's most recent Form 10-K, 10-Q, 8-K, 11-K, proxy statement, and any other registration statement filed with the SEC within the past 12 months

## D. COMPENSATION NOTICE

### Important Notice Regarding Compensation Disclosure

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, Enterprise Development, One Tower Square, Hartford, CT 06183.

## E. FRAUD WARNINGS

**Attention: Insureds in 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.

**Attention: Insureds in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 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.

**Attention: Insureds in 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.

**Attention: Insureds in 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.)

**Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and 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.

**Attention: Insureds in 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 is guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Puerto Rico**

Any person who knowingly and with the intention of defrauding 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, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

## F. SIGNATURE SECTION

IT IS AGREED THAT THIS APPLICATION IS A SUPPLEMENT TO ALL OTHER APPLICATIONS PREVIOUSLY SUBMITTED TO THE INSURER IN CONJUNCTION WITH THE UNDERWRITING AND ISSUANCE OF INSURANCE COVERAGE FOR WHICH THIS POLICY IS A RENEWAL OR REPLACEMENT AND THOSE APPLICATIONS TOGETHER WITH THIS APPLICATION SHALL CONSTITUTE THE COMPLETE APPLICATION WHICH SHALL BE THE BASIS OF ANY QUOTATION WHICH MAY BE MADE.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT (CHAIRMAN, PRESIDENT OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) REPRESENTS, AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND REPRESENTATIONS SET FORTH HEREIN ARE TRUE AND ACCURATE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO ACCEPT, OR THE COMPANY TO ISSUE, ANY POLICY OF INSURANCE, BUT IT IS AGREED THAT ALL STATEMENTS, REPRESENTATIONS AND

ATTACHMENTS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. ANY POLICY THAT THE COMPANY MAY ISSUE TO THE APPLICANT WOULD BE ISSUED IN RELIANCE UPON THE TRUTH OF ALL SUCH STATEMENTS, REPRESENTATIONS AND ATTACHMENTS AND SHALL BE THE BASIS OF, AND DEEMED ATTACHED TO AND INCORPORATED INTO, ANY POLICY THAT MAY BE ISSUED.

THE COMPANY IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF ANY POLICY THAT THE COMPANY MAY ISSUE TO THE APPLICANT, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATION OF ANY AGREEMENT TO BIND ANY SUCH POLICY OF INSURANCE.

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, IN ALL STATES OTHER THAN NC 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 THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature\* of **Applicant's** Authorized Representative  
(Chairman or President)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**G. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)**

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number

**\*IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

**PRODUCER'S ELECTRONIC SIGNATURE AND ACCEPTANCE**