



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: The limit of liability available to pay losses will be reduced and may be exhausted by amounts paid as defense costs.

IMPORTANT INSTRUCTIONS

Under this CyberRisk Coverage, affiliates, other than Subsidiaries as defined in this coverage, are not covered unless the Insurer has agreed specifically to schedule such entities by endorsement.

GENERAL INFORMATION

Applicant Name:

Street Address:

City: State: Zip:

LEGAL DEPARTMENT INFORMATION

- 1. Indicate below the total number of employed legal professionals:
a. Employees licensed to practice law:
b. Legal Assistants (employees who provide assistance to an employed lawyer):
2. Total number of temporary or independent contractor attorneys contracted by the Applicant:
3. Does the Applicant have employed lawyers residing or practicing law in foreign countries?
4. Indicate whether any employed legal professionals provide legal services in the following areas:
5. Are pro bono services provided by the Applicant's employed legal professionals with the Applicant's consent?
6. Does the Applicant wish to have coverage extended to employed lawyers for moonlighting services...

7. Does the Applicant permit or require its employed legal professionals to represent the Applicant or other parties as an attorney of record in judicial, administrative, or other proceedings? Yes No
If Yes, provide the precise circumstances in which such representation occurs. _____
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8. Do the Applicant's employed legal professionals represent individual employees, directors, or officers of the Applicant company as an attorney of record in judicial, administrative, or other proceedings? Yes No
If Yes, provide the precise circumstances in which such representation occurs: _____
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9. Do the Applicant's employed legal professionals provide personal legal services in an individual capacity to any partner, director, officer, or employee of the Applicant? Yes No
If Yes, what types of personal legal services are provided and what percentage of their time is devoted to providing such legal services? _____
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10. Do the Applicant's employed legal professionals ever sign registration statements? Yes No
11. Do the Applicant's employed legal professionals issue written legal opinions:
- a. To the board of directors? Yes No
 - b. To entities or parties outside of the corporation? Yes No
 - c. With respect to tax treatment of corporate securities or registration statements filed with any securities commission? Yes No
 - d. To any other entity? Yes No
- If any of Question 11. a.-d. is answered Yes, provide the types of opinions and the recipients thereof:* _____
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POLICIES AND PROCEDURES INFORMATION

12. Indicate whether the Applicant's legal department has written policies or procedures with respect to the following:
- a. Training of newly hired employed lawyers Yes No
 - b. Continued legal education for employed lawyers Yes No
 - c. Circulation and updated of commonly used form documents within the legal department Yes No
 - d. Employee hiring, termination, and promotion and the investigation and reporting of employee complaints under any federal, state, or local anti-discrimination statutes or regulations Yes No

SECURITIES INFORMATION – COMPLETE IF APPLICANT IS A PUBLICLY TRADED COMPANY

13. Do the Applicant's employed lawyers issue legal opinions with respect to registration statement filed with any securities commission? Yes No
If Yes, are these statements normally approved by outside counsel? Yes No
14. Has any employed legal professional ever practiced before the SEC? Yes No
If Yes, provide name and details of the practice: _____
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LOSS INFORMATION

15. Is any employed legal professional aware of any circumstance, STET, or negligent act that could result in a claim against them under this Employed Lawyers coverage? Yes No
If Yes, provide details of such circumstance, error, omission, or negligent act. _____
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16. During the past five years, has any complaint, claim, or suit been made against any employed legal professional arising out of the performance of or failure to perform legal services? Yes No
If Yes, provide the date, description, loss amount, and status (open or closed) of such claims or suits.

17. Have any of the Applicant's employed legal professionals ever been the subject of a reprimand or been disciplined by, or refused admission to, a bar association, court, or administrative agency? Yes No
If Yes, provide the name of the employed lawyer and a brief explanation.

18. Have any of the Applicant's employed legal professionals ever been charged with a violation of any federal, state, or foreign securities law, rule, or regulation in any court or by any civil, criminal, administrative, or regulatory agency? Yes No
If Yes, provide the name of the employed lawyer and a brief explanation.

REQUESTED INSURANCE TERMS

19. Does the Applicant have an indemnification policy or practice applicable to employed lawyers? Yes No
If Yes, does the indemnification policy apply whether or not the employed lawyer is a director or officer of the Applicant company? Yes No

20. Employed Lawyers Limit of Liability requested (each Claim Limit/Aggregate Limit):
 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 \$3,000,000/\$3,000,000
 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000 Other _____

21. Does the Applicant currently purchase Employed Lawyers coverage? Yes No
If Yes, provide the following:

Expiring Carrier: _____
Expiring Limit: \$ _____
Expiration Date: _____
Deductible: \$ _____
Retroactive Date: _____

22. Does the Applicant currently purchase Directors And Officers Liability coverage? Yes No
If Yes, provide the following:

Expiring Carrier: _____
Expiring Limit: \$ _____
Expiration Date: _____

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, except in NC, 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: X	Authorized Representative Name, Title, and email address:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:	Agency contact and email address:	Agency Phone Number:

ADDITIONAL INFORMATION
