



Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IF ISSUED, THE POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY CLAIMS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS PAID AS DEFENSE EXPENSES. THE DEDUCTIBLE WILL APPLY TO DEFENSE EXPENSES.

IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES WILL REDUCE UP TO 50% OF THE LIMIT OF LIABILITY, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.
An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured: _____ Today's Date: _____

PROJECT INFORMATION

- Has the applicant firm, any subsidiary, or any predecessor rendered services in the past 3 years, or do they expect to render services in the next 12 months, for any project where all or a portion of the project is currently titled, or is expected to be sold, under a condominium or cooperative form of ownership?
(Note: Do not include services provided for the owner of a single condominium or co-op unit) Yes No
If yes, please provide the firm's total gross annual billings derived from condominium and cooperative projects below. Include 100% of the billings for projects where all or a portion of the project is currently titled, or expected to be sold, under a condominium or cooperative form of ownership.

	Most Recently Completed Fiscal Year: _ / _ to _ / _ MO/YR MO/YR	One Fiscal Year Prior: _ / _ to _ / _ MO/YR MO/YR	Two Fiscal Years Prior: _ / _ to _ / _ MO/YR MO/YR	Next 12 Months Projected: _ / _ to _ / _ MO/YR MO/YR
Condominium Projects	\$	\$	\$	\$
Cooperative Projects	\$	\$	\$	\$

PROVIDE THE FOLLOWING INFORMATION FOR EACH OF THE 3 LARGEST CONDOMINIUM OR COOPERATIVE PROJECTS, BASED UPON APPLICANT'S FEES, FOR WHICH YOU HAVE RENDERED ANY SERVICES IN THE PAST 3 YEARS, OR ANTICIPATE PROVIDING IN THE NEXT 12 MONTHS

Largest Project:

A. Project Name:	B. Project Location:
C. Describe the scope of services provided:	
D. Total number of Condominium Units:	E. Total Number of Cooperative Units:
F. Firm's estimated total fees: \$	G. Estimated Total Project Construction Value: \$
H. Year of Construction Start:	I. Year of Substantial Completion:
J. Project Description:	K. Project Owner:
<input type="checkbox"/> New Construction	<input type="checkbox"/> Developer
<input type="checkbox"/> Renovation for conversion to condo or co-op	<input type="checkbox"/> Developer/Contractor
<input type="checkbox"/> Renovation to existing condo or co-op	<input type="checkbox"/> Condo or Co-Op Association
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):

L. Project Uses (based on square footage excluding common areas):	M. Construction:
_____ % Residential Condo/Co-op Units	_____ % Wood Frame
_____ % Rental Apartments	_____ % Steel Frame
_____ % Retail Units	_____ % Masonry
_____ % Office/Other Commercial Units	_____ % Other (please specify):
_____ % Other (please specify):	
N. Was your contract for professional services reviewed for adverse liability exposures by qualified legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2nd Largest Project:

A. Project Name:	B. Project Location:
C. Describe the scope of services provided:	
D. Total number of Condominium Units:	E. Total Number of Cooperative Units:
F. Firm's estimated total fees: \$	G. Estimated Total Construction Value: \$
H. Year of Construction Start:	I. Year of Substantial Completion:
J. Project Description:	K. Project Owner:
<input type="checkbox"/> New Construction	<input type="checkbox"/> Developer
<input type="checkbox"/> Renovation for conversion to condo or co-op	<input type="checkbox"/> Developer/Contractor
<input type="checkbox"/> Renovation to existing condo or co-op	<input type="checkbox"/> Condo or Co-Op Association
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):
L. Project Uses (based on square footage excluding common areas):	M. Construction:
_____ % Residential Condo/Co-op Units	_____ % Wood Frame
_____ % Rental Apartments	_____ % Steel Frame
_____ % Retail Units	_____ % Masonry
_____ % Office/Other Commercial Units	_____ % Other (please specify):
_____ % Other (please specify):	
N. Was your contract for professional services reviewed for adverse liability exposures by qualified legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3rd Largest Project:

A. Project Name:	B. Project Location:
C. Describe the scope of services provided:	
D. Total number of Condominium Units:	E. Total Number of Cooperative Units:
F. Firm's estimated total fees: \$	G. Estimated Total Construction Value: \$
H. Year of Construction Start:	I. Year of Substantial Completion:
J. Project Description:	K. Project Owner:
<input type="checkbox"/> New Construction	<input type="checkbox"/> Developer
<input type="checkbox"/> Renovation for conversion to condo or co-op	<input type="checkbox"/> Developer/Contractor
<input type="checkbox"/> Renovation to existing condo or co-op	<input type="checkbox"/> Condo or Co-Op Association
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):
L. Project Uses (based on square footage excluding common areas):	M. Construction:
_____ % Residential Condo/Co-op Units	_____ % Wood Frame
_____ % Rental Apartments	_____ % Steel Frame
_____ % Retail Units	_____ % Masonry
_____ % Office/Other Commercial Units	_____ % Other (please specify):
_____ % Other (please specify):	
N. Was your contract for professional services reviewed for adverse liability exposures by qualified legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, 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 WARNINGS

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 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.

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 for the purpose of defrauding 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.

SIGNATURES

I declare that I have examined this Additional Information Request form, and to the best of my knowledge and belief, after reasonable inquiry, it is true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this Additional Information Request form.

Authorized Representative Signature:* (Principal, Officer, or Shareholder) X	Authorized Representative Name - Printed:	Date (mm/dd/yyyy):
Producer Signature:** X	State Producer License No.:	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you 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.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

**Producer information only required in Florida and Iowa.

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference the question number.