



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

Named Insured: Today's Date:

ADDITIONAL LIMIT INFORMATION

- 1. Total limits of liability required for specified project or client:
a. Per claim: \$
b. Annual aggregate: \$
2. An additional limit is being requested for professional services for a:
[] Specified project. Complete the ADDITIONAL LIMIT FOR SPECIFIED PROJECT section.
[] Specified client. Complete the ADDITIONAL LIMIT FOR SPECIFIED CLIENT section.

ADDITIONAL LIMIT FOR SPECIFIED PROJECT

- 3. Provide the following for the specified project:
a. Project/contract:
b. Project owner:
c. Prime design professional:
d. Applicant's client:
e. Estimated total construction cost: \$

4. Describe the project and applicant's services:

- 5. Estimated project schedule:
Beginning date: Completion date:
Design phase:
Construction phase:

- 6. Applicant's billings for the specified project:
Most Recently Completed Fiscal Year: One Fiscal Year Prior: Next 12 Months Projected:
\$ \$ \$

7. Does the applicant have a signed written contract for services rendered for this project? Yes No

8. What is the contract effective date? _____

9. How long is the applicant contractually required to maintain the additional limit? _____

ADDITIONAL LIMIT FOR SPECIFIED CLIENT

10. Provide the name and address of the specified client: _____

11. Which of the following best describes the specified client?

Project owner/user Real estate developer

Design professional Contractor

Other (describe): _____

12. Describe the client's projects for which the applicant is providing professional services under contract(s) for which an additional limit is required:

13. Describe the discipline and scope of applicant's professional services provided under contract(s) for which an additional limit is required:

14. Provide the following information for the applicant's 3 largest projects for which an additional limit of liability is required:

Project type	Location	Estimated construction value	Construction start date
		\$	
		\$	
		\$	

15. Does the applicant have a signed written contract for services rendered for the specified client requiring the additional limits of liability? Yes No

16. How long is the applicant contractually required to maintain the additional limit? _____

17. What is the effective date of the first contract or master agreement requiring an additional limit of liability? _____

18. Did the applicant render professional services for the specified client prior to the effective date of the contract or agreement requiring the additional limits of liability? Yes No

19. Applicant's billings for the specified client:

Most Recently Completed Fiscal Year:
\$ _____

One Fiscal Year Prior:
\$ _____

Next 12 Months Projected:
\$ _____

CLAIM HISTORY

20. In connection with the specified project or any project for a specified client for which an additional limit is being requested, does the applicant or any person seeking coverage under this proposed policy have knowledge of any claim, incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? Yes No

If yes, please complete a Claim, Suit, or Incident Additional Information Request for each claim, incident, act, error, or omission.

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 section name and question number.