



Financial Institution Professional Liability Supplemental Application

Travelers Casualty and Surety Company of America

NOTICE

ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSURED...

The term Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. PROFESSIONAL SERVICES LIABILITY COVERAGE

INVESTMENT ADVISER OR FINANCIAL PLANNING SERVICES

1. Please provide the following account information regarding the Applicant's investment adviser or financial planning services:

Table with 3 columns: Investment Adviser Accounts, Number of Accounts (estimated), and Market Asset Value (estimated). Rows include categories like Individuals, Banking or thrift institutions, REITS, etc., and a total row.

*Applicant does not have investment discretion.

**Applicant has investment discretion.

2. Please provide the following account information regarding the categories of, and the respective percentage of revenues generated by, the **Applicant's** investment adviser or financial planning services:

Financial Planning Services	Percentage of Total Investment Adviser or Financial Planning Revenue (estimated)	
Retirement Planning - Individuals	Most recent year:	%
	Prior year:	%
College Savings Plans - Individuals	Most recent year:	%
	Prior year:	%
Estate Planning - Individuals	Most recent year:	%
	Prior year:	%
Tax Planning - Entities	Most recent year:	%
	Prior year:	%
Tax Planning - Individuals	Most recent year:	%
	Prior year:	%
Investment Portfolio Management - Entities	Most recent year:	%
	Prior year:	%
Investment Portfolio Management - Individuals	Most recent year:	%
	Prior year:	%
Wealth Management - Individuals	Most recent year:	%
	Prior year:	%
Philanthropy Planning - Individuals	Most recent year:	%
	Prior year:	%

3. Does the **Applicant** offer any proprietary investment products? Yes No
If Yes, please provide details.

4. Please provide the following information:

Number of accounts lost, terminated, or otherwise closed during the past 12 months: _____

Market value of accounts lost, terminated, or otherwise closed during the past 12 months: \$ _____

Please provide an explanation of why such accounts were lost, terminated, or closed:

5. Indicate if the **Applicant** recommends investments in any of the following:

- | | |
|--|--|
| Hedge Funds or Private Equity | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Below Investment Grade Bonds | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Closely Held Businesses, General or Limited Partnerships | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Commodities or Other Futures | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Oil, Gas, Timber, Minerals | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Precious Metals | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Real Estate | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| International Securities | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Farms and Ranches | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Derivatives | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- If Yes, please specify in an attachment*

6. Are there written policies and procedures addressing the following areas? Yes No
 Compliance with ERISA Yes No
 Accurate pricing of securities Yes No
 Accurate trade executions Yes No
7. May clients select their own brokers for executions? Yes No
8. Are some client transactions executed by an "in-house" broker-dealer? Yes No
If yes, indicate name of such in-house broker dealer: _____
9. Does the **Applicant** use outside selected custodians, broker/dealers, or client accounting facilities? Yes No
10. Has the **Applicant's** investment adviser or financial planning activities been inspected by either the SEC or a State Regulatory authority within the past five years? Yes No
If Yes, attach a copy of the report along with management's response.
11. Is there an approved list of securities which can be recommended to clients? Yes No
If Yes, please describe how exceptions to the list are handled internally and with clients:
- _____
- _____

12. Does the **Applicant** have procedures to confirm that trade orders are understood and executed properly? Yes No
If Yes, are instructions or confirmations provided to the broker electronically or via fax? Yes No
13. Does the **Applicant** act as both trustee and adviser to any client? Yes No
14. Is there a full time compliance officer on staff? Yes No
15. Please indicate the percentage of total investment adviser or financial planning revenues that are:
- a. fee generated: _____%
- b. commission generated: _____%
16. Does the **Applicant**, or any of its officers or employees, act as an investment adviser registered under the Investment Advisers Act of 1940? Yes No
If Yes, attach the following:
- a. ADV parts I and II
- b. Brochures and sales material provided to clients or prospective clients
- c. Copies of standardized management contracts
- d. Annual and cumulative performance history for the most recent five years
- e. A copy of the deficiency letter from the most recent SEC audit and management's response letter

SECURITY BROKER/DEALER SERVICES
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1. Number of registered representatives: _____
2. Are margin accounts offered? Yes No
3. Indicate **Applicant's** revenues from each of the following areas:

Description	Amount (estimated)
Listed stock	\$
Unlisted stock	\$
Bonds	\$
Unregistered bonds/securities	\$
Commercial paper	\$

Options contracts	\$
Commodity futures	\$
International securities	\$
Mutual funds	\$
Limited partnerships	\$
Direct private placement	\$
Market making/specialist	\$
Underwriting	\$
Other - specify	\$

4. Does the brokerage department clear its own trades? Yes No
If No, indicate the name and location of the broker or clearing agent utilized.

II. TRUST DEPARTMENT SERVICES

1. Trust accounts are reviewed: Monthly Quarterly Annually Other _____
2. Does the **Applicant** control 5% or more of the stock, or is it involved in the management or actual operation, of any entity via its trust functions? Yes No
3. Does the **Applicant** perform management, advisory or valuation services with respect to privately held businesses via its trust functions? Yes No
If Yes, please provide details.
4. Is there an approved list of securities which can be recommended to clients? Yes No
If Yes, please describe how exceptions to the list are handled internally and with clients:
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5. Are deviations from individual trust agreements approved and documented? Yes No
6. Before an account is opened, does a law firm or internal counsel review trust documents? Yes No
7. Are there written policies and procedures addressing the following areas?
- Compliance with ERISA Yes No
- Accurate pricing of securities Yes No
- Accurate trade executions Yes No
8. Does the **Applicant** plan on making any changes to its trust operating/accounting systems within the next twelve months? Yes No
9. Are notices of securities transactions sent to discretionary clients within 2-3 business days of such transactions? Yes No
10. Does the **Applicant** have a conflict of interest policy for investment in any proprietary financial product of the **Applicant**? Yes No

11. Indicate if the **Applicant** recommends investments in any of the following:
- Hedge Funds or Private Equity Yes No
- Below Investment Grade Bonds Yes No
- Closely Held Businesses, General or Limited Partnerships Yes No
- Commodities or Other Futures Yes No
- Oil, Gas, Timber, Minerals Yes No
- Precious Metals Yes No
- Real Estate Yes No
- International Securities Yes No

Farms and Ranches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Derivatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please specify in an attachment

12. Does the trust department manage any common trust funds or common investment trusts? Yes No
If Yes, attach a copy of the most recent CPA audit of such trust or investment fund.

13. Is there a full time compliance officer on staff? Yes No

III. APPLICATION ATTACHMENTS

Any documents requested in this Application, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the **Applicant** or are obtained by the Company from any public source, including the Internet.

IV. 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

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.

V. FRAUD WARNINGS

Attention: Insureds in Alabama, Arkansas, D.C., 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 may be 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.

VI. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. TRAVELERS IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, WILL BE THE BASIS OF THE INSURANCE AND WILL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. TRAVELERS 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
(President or CEO)

Name (Printed)

Title

Date

***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

VII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number