



**Insurance Company Professional Liability  
Coverage 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 DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT 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. TRAVELERS HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.**

**Applicant** means all corporations, organizations, or other entities, including subsidiaries, proposed for this insurance. Attach a separate page to the Application for any information that exceeds the space provided.

**I. GENERAL INFORMATION**

1. **Applicant** Information:

Name of **Applicant**: .....

Street Address: .....

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

Website Address(es):.....

Year **Applicant's** business was established (yyyy): ..

Description of **Applicant's** operations:.....

2. **Applicant's** Standard Industrial Classification (SIC) code, if known (four-digit number):.....

3. Is the **Applicant** a subsidiary of a foreign parent? .....Yes  No

4. Does the **Applicant** currently file, or does it anticipate filing in the next six months, any documents with the Securities and Exchange Commission (SEC), or similar foreign authority regarding any equity or debt securities? .....Yes  No

**II. ORGANIZATION INFORMATION**

5. List and describe all entities in which the **Applicant's** ownership interest is 50% or greater or over which the **Applicant** has management control:  
 If Not Applicable, check .

Name	Percentage Owned	Year Started (yyyy)	Description of Operations	Entity Type*	Insurance Company Type**
	%				
	%				
	%				
	%				
*Entity Type: FP=For-Profit (other than Partnership); NP=Non-Profit; GP=General Partnership; LP=Limited Partnership; LLC=Limited Liability Company					
**Insurance Company Type: SIC=Stock Insurance Company; MIC=Mutual Insurance Company; RIC=Reciprocal Insurance Company; RRG=Risk Retention Group; R=Reinsurer; CIC=Captive Insurance Company; O=Other					

To enter more information, attach a separate page or an organization chart with ownership detail.

6. Does the **Applicant** have offices outside of the United States? .....Yes  No   
 If Yes, attach details, including the locations of the offices.
7. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? .....Yes  No
  - b. Any creation of a new business, subsidiary, or division? .....Yes  No
  - c. Any registration for a public offering or a private placement of securities (stocks or bonds)? .....Yes  No
  - d. Any reorganization or arrangement with creditors under federal or state law? .....Yes  No
  - e. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? .....Yes  No
  - f. Any development of new products or entering into any new states? .....Yes  No
  - g. If the **Applicant** is a mutual company, any conversion of mutual ownership to stock ownership? ...Yes  No
- If Yes, attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.
8. Have there been any changes in the Board of Directors or senior management of the **Applicant** within the past three years for reasons other than death or retirement? .....Yes  No   
 If Yes, attach an explanation.

**III. SPECIFIC INSURANCE COMPANY INFORMATION**

9. List the **Applicant's** key reinsurers, including percentage of ceded premium and participation description:

Reinsurer	Percentage of Ceded Premium	Participation Description
	%	
	%	
	%	

10. Have there been any significant changes in reinsurance treaty terms during the past three years or are any expected during the next 12 months including changes in self insured retentions, limits purchased, lines of business added or excluded, or exclusions added or removed? .....Yes  No   
 If Yes, attach an explanation.
11. During the last 12 months has any rating agency communicated any changes in, or placed under review, any current financial or claims paying ability ratings of the **Applicant**? .....Yes  No   
 If Yes, attach an explanation.

12. Has the **Applicant** had an independent outside actuarial certification of rates or reserve adequacy? ...Yes  No   
*If No, provide details.*  
*If Yes, provide the dates (mm/dd/yyyy) of most recent certifications and the name of organizations that provided such certifications:*

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*Are the recommendations contained in such certifications being implemented?.....Yes  No*   
*If No, attach an explanation.*

13. Provide the following as it relates to the **Applicant's** fiscal year end (FYE):

	Most Recent FYE	Prior FYE	Projected FYE
Total Assets	\$	\$	\$
Total Direct Written Premium	\$	\$	\$

14. Prior Insurance Information:

a. Provide the following insurance information for the **Applicant**:

Coverage	Insurer	Limit	Retention	Policy Period (mm/dd/yyyy – mm/dd/yyyy)	Expiring Premium
Directors and Officers Liability Insurance		\$	\$		\$
Employment Practices Liability Insurance		\$	\$		\$
Fiduciary Liability Insurance		\$	\$		\$
Cyber Liability Insurance		\$	\$		\$
Financial Institution Bond		\$	\$		\$
General Liability Insurance		\$	\$		\$
Property Insurance		\$	\$		\$
Workers Compensation Insurance		\$	\$		\$
Commercial Auto Insurance		\$	\$		\$
Other Errors & Omissions (E & O) Coverage		\$	\$		\$

b. If other E&O coverage was completed in the table above, specify the kind of E&O coverage obtained:

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15. Have there been any disciplinary actions taken against the **Applicant** during the previous three years by any regulatory authority, including any consent, disciplinary, enforcement or cease and desist orders, or similar agreements or restrictions? .....Yes  No   
*If Yes, attach an explanation.*

**IV. INSURANCE COMPANY OPERATIONS INFORMATION**

16. Indicate the following professional services performed by the **Applicant**:

- a. Claim handling and adjusting, subrogation, or salvage:.....Yes  No
- b. Personal injury rehabilitation: .....Yes  No
- c. Safety inspections, loss control, or safety engineering: .....Yes  No
- d. Premium financing: .....Yes  No
- e. Insurance consulting:.....Yes  No
- f. Insurance risk management: .....Yes  No
- g. Actuarial consulting: .....Yes  No
- h. Notary services:.....Yes  No
- i. Services for insurance pools (If Yes, attach details): .....Yes  No
- j. Insurance agent and broker activity (If Yes, submit an Insurance Agents Owned Operations Coverage Application): .....Yes  No

17. Provide the following information for all professional services offered for a fee, include any professional service listed above only if such service is offered for a fee other than the premium charge for a contract of insurance or investment product:

Name of Professional Service	Description	Length of Time Service has been Offered	Most Recent FYE Fees or Revenues	Prior FYE Fees or Revenues
			\$	\$
			\$	\$
			\$	\$
			\$	\$

18. With respect to those professional services offered, other than claim handling and adjusting in connection with a contract of insurance issued by the **Applicant**:

- a. Are such professional services rendered pursuant to a written contract (including any professional services offered through a third party vendor)? .....Yes  No
  - b. Are written contracts reviewed and approved by either in-house or outside legal counsel? .....Yes  No
  - c. Are there written policies and procedures that govern the performance and administration of offered professional services?.....Yes  No
  - d. If professional services are offered through a third party vendor, is such third party vendor required to agree, under written contract, to indemnify or limit the liability of the **Applicant** for such services? .....Yes  No
- If No to any of the above, attach an explanation.*

19. Does the **Applicant** currently, or in the foreseeable future plan to, own or operate any entity providing any form of managed health care, or plan to utilize managed health care in connection with any contract of insurance through an independent contractor? .....Yes  No

*If Yes, attach details, including the names and ownership of each entity, a full description of the service provided, and copies of any contracts, including insurance requirements and any hold harmless arrangements.*

**V. CLAIM HANDLING AND REPORTING PROCEDURES INFORMATION**

20. Are there written procedures for handling, assessing and monitoring claims against the **Applicant** or any person proposed for this insurance, in connection with claim handling or any other professional services offered? .....Yes  No

*If Yes, attach a copy of procedures.*

21. When were such written procedures established (mm/yyyy)? .....

22. How often are such written procedures reviewed and updated? .....

23. Provide the name, title, and department of any individual responsible for monitoring and ensuring compliance with such written procedures:

Name	Title	Department

24. Describe the procedure for responding to an excess of limit demand: \_\_\_\_\_

25. Describe the procedure for responding to an excess of limit verdict: \_\_\_\_\_

26. Provide the name, title, and department of any individual responsible for the receipt of notice on behalf of the **Applicant** of any demand made or claim or suit brought against the **Applicant** that includes allegations of bad faith in claim handling or any violation of any unfair claim practices statute or similar law (e.g., *Head of Claims, Corporate Secretary, General Counsel, Risk Manager, or others*) (Control Persons):

Name	Title	Department

27. Describe the process for identifying and transferring bad faith or E&O claims to the parties responsible for their handling: \_\_\_\_\_

28. Does the **Applicant** use any specialized defense counsel for bad faith or E&O claims? .....Yes  No

29. Does the **Applicant** have a process for evaluating a bad faith or E&O claim at its conclusion? .....Yes  No

30. Is follow-up training provided to the claim staff as a result of such evaluation? .....Yes  No

31. Do any facultative or reinsurance treaty contracts provide coverage for punitive or extra-contractual damages? .....Yes  No

**VI. CLAIM DEPARTMENT OPERATIONS INFORMATION**

32. Provide the staffing numbers for the **Applicant's** home office and field office claim department operations:

Staff	# In the Most Recent FYE	# In the Prior FYE
Claim Officers		
Claim Managers and Supervisors		
Senior Adjusters (Examiners)		
Junior Adjusters (Examiners)		
Administrative & Clerical Staff		
Total		
Average Adjuster Workload (Open Claim Files/Number of Adjusters)		

33. Provide the annual turnover rate for claim personnel, excluding administrative and clerical positions:

Most Recent FYE	Prior FYE	Second Prior FYE

34. With respect to claim personnel, have there been any employee layoffs, terminations, workforce reductions or retirements resulting from any type of organizational restructuring, or office, branch or facility closing during the past five years or are there any anticipated within the next 12 months? .....Yes  No   
*If Yes, attach an explanation.*

35. Indicate the number of field (regional or branch) claim offices of the **Applicant**: \_\_\_\_\_
36. What percentage of claims are handled within field offices? ..... %
37. Describe the types of claims that are not handled by field claim personnel, identifying specific classes of business and claim characteristics: \_\_\_\_\_  
*If, in response to Question 37 above, field claim personnel do not refer any claims to your home office claim department, attach an explanation.*
38. Does the **Applicant** contract for outside claim adjustment services? ..... Yes  No   
*If Yes, what percentage of claims is handled by outside adjustment services?..... %*  
*If Yes, are hold harmless agreements made a part of each contract for such outside adjustment services? ..... Yes  No*
39. Does the **Applicant** grant authority to independent agents, third party administrators or managing general agents to negotiate or settle any claims made under any contracts of insurance? ..... Yes  No   
*If Yes, attach details, including the number of agents or administrators, as well as the name and maximum settlement authority for each.*
40. Are outside law firms regularly employed to handle or defend claims? ..... Yes  No   
*If Yes, describe the types of claims regularly handled by outside counsel and the approximate number of claims:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*If Yes, has the **Applicant** established written procedures mandating assignment of outside counsel in matters with potential conflicts of interest or with uninsured excess exposures to any owner, beneficiary, or insured under any contract of insurance? ..... Yes  No*
41. Does the **Applicant** have a dedicated coverage review team within either the claim or legal department? ..... Yes  No   
*If No, attach the guidelines and process for coverage review.*
42. Describe the **Applicant's** process for engaging outside counsel in coverage matters: \_\_\_\_\_  
 \_\_\_\_\_
43. Describe the **Applicant's** guidelines and process for defending policyholders while a declaratory judgment action is pending: \_\_\_\_\_  
 \_\_\_\_\_
44. Has the **Applicant** established a formal training program for all claim adjusters? ..... Yes  No
45. Does the **Applicant** require state specific fair claims settlement training? ..... Yes  No   
*If No, attach an explanation.*
46. Does the **Applicant** have a claim handling procedural manual? ..... Yes  No   
*If No, describe how claim handling expectations and requirements are communicated to adjusters and other claim handling personnel: \_\_\_\_\_*  
 \_\_\_\_\_  
 \_\_\_\_\_  
*If Yes, does the **Applicant** provide a copy of the claim handling procedural manual to all claim adjusters? ..... Yes  No*
- a. How often are claim adjusters required to review the procedural manual? .....
  - b. How often is such manual updated? .....
  - c. When was such manual last updated?.....

47. Does the **Applicant** utilize any software for claim assessment or evaluation? .....Yes  No   
*If Yes:*  
 a. Describe how the software is utilized within the claim handling process: \_\_\_\_\_  
 \_\_\_\_\_  
 b. What influence does the software have in determining settlement values? \_\_\_\_\_  
 \_\_\_\_\_  
 c. Does compliance with the usage of such tools impact adjuster performance appraisals?.....Yes  No
48. Has the **Applicant** established written procedures for claim file documentation? .....Yes  No   
*If No, attach an explanation.*
49. Does the **Applicant** conduct large loss reviews? .....Yes  No   
*If No, attach an explanation.*  
*If Yes:*  
 a. How often are these reviews conducted? ..... \_\_\_\_\_  
 b. Who participates in such reviews? ..... \_\_\_\_\_  
 c. Is management provided with the results of such reviews? .....Yes  No
50. Does the **Applicant** conduct claim file self-audits? .....Yes  No   
*If Yes:*  
 a. How often are the audits performed? ..... \_\_\_\_\_  
 b. Who performs the audits? ..... \_\_\_\_\_  
 c. Are the audit findings communicated to adjusters? .....Yes  No   
 d. Do the audit results impact adjuster performance appraisals? .....Yes  No   
 e. Is a response to the audit findings required? .....Yes  No   
 f. Indicate the individuals responsible for reviewing the audit findings:

Title	Department

51. Has the **Applicant** established procedures to ensure that all adjusters are properly licensed in accordance with state laws and regulation? .....Yes  No   
*If No, attach an explanation.*

**VII. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS**

Requested Limit	Requested Retention	Requested Effective Date (mm/dd/yyyy)	Coverage Currently Purchased (Yes or No)
\$	\$		

Expiring Limit	Expiring Retention	Expiring Premium	Current Insurer	Date Coverage First Purchased (mm/dd/yyyy)
\$	\$	\$		

52. Is the **Applicant** or any person proposed for this Insurance Company Professional Liability Coverage aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the Insurance Company Professional Liability Coverage for which the **Applicant** is applying, seeking monetary damages against them arising out of their performing, rendering, or failing to perform or render, professional services, including claim handling services? .....Yes  No   
*If Yes, attach an explanation.*

With respect to the information required to be disclosed in response to the question above, the proposed insurance will not afford coverage under the Insurance Company Professional Liability Coverage for any claim arising from any fact, circumstance, situation, event or act about which any chief executive officer, chief financial officer, in-house general counsel, risk manager of the **Applicant** (or any functional equivalent position,) or Control Person\* of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

\*Control Person means any employee of the **Applicant** responsible for the receipt of notice on behalf of the **Applicant** of any demand made or claim or suit brought against the **Applicant** that includes allegations of bad faith in claim handling or any violation of any unfair claims practices statute or similar law.

**VIII. LOSS INFORMATION**

53. During the past five years, have any written demands, or civil, criminal, arbitration, administrative or regulatory proceedings been made or brought against any person or entity proposed for this insurance involving professional services, including claim handling services, that:

- a. seek damages, have resulted in damages payment having been made or defense expenses having been incurred (other than contractual damages under a contract of insurance);
- b. seek punitive, exemplary or multiplied damages; or
- c. seek class action status, whether or not extra-contractual damages are sought?.....Yes  No

If Yes, attach the following information:

- a. Date the demand or notice of the proceeding was received;
- b. Status of the demand or proceeding;
- c. Name of the entity or person making the demand or bringing the proceeding;
- d. Description of the circumstances involved, and the allegations of the demand or proceeding;
- e. Following amounts from the first dollar, whether or not subject to E&O insurance:
  - (i) Contractual damages and defense expenses incurred (contractual loss not subject to E&O insurance);
  - (ii) Extra contractual damages incurred (excess of limits, punitive or exemplary, or multiplied damages, etc.);
  - (iii) Other damages; and
  - (iv) Defense expenses incurred (other than defense expenses incurred in connection with the contractual claim); and
- f. Copy of the complaint, including amendments and responses, for any proceeding seeking class action status along with a brief summary of the status.

54. Have all of the demands and proceedings disclosed in Question 53 been reported to any previous or existing insurer providing coverage for Insurance Company Professional Liability?.....Yes  No   
If No, attach an explanation.

**IX. REQUIRED ATTACHMENTS**

As part of this Application, submit the following documents (*these documents, 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*):

- List of Directors and Officers of the **Applicant**
- Most recent Annual Convention Statement\*
- Most recent Quarterly Convention Statement\*
- Most recent Annual Report (Complete Audited Financial Statement)\*
- Most recent Interim Financial Statements\*
- Most recent 10K and 10Q filed with the SEC, and any other public document filed by the **Applicant** within the last eighteen months, including any certifications related to the accuracy of such public documents, with the SEC, or any similar federal, state, provincial, local or other regulatory agency anywhere in the world.
- Entity organizational chart, including interrelated non-insurance company entities

\*Consolidated Financial Statements are preferred. However, if consolidated financial statements are not available for any organization, submit an individual financial statement for such organization.



## X. 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.

## XI. 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 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.

**XII. 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.

TRAVELERS 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 TRAVELERS MAY ISSUE TO THE APPLICANT, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

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

**XIII. 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**