

Travelers Casualty and Surety Company of America
Hartford, Connecticut
(a capital stock company)

Throughout this supplement "you" and "your" mean the entity or individual applying for this insurance.

APPLICANT INFORMATION

1. New Business Current Travelers policy number _____
2. Your full legal name _____

BANKRUPTCY PRACTICE - GENERAL INFORMATION

3. Please complete the following chart for attorneys who have undertaken work in the Bankruptcy area of practice in the last five years:

Attorneys Name	Years of Experience in this field	Percentage of Time Devoted Per Year
		%
		%
		%
		%
		%

4. Please provide the percentage of bankruptcy cases in the following categories:
For Debtor: _____
For Creditor: _____
As Trustee: _____
Other (describe): _____
5. Are you and your attorneys who practice in this area aware of and in full compliance with the provisions of the 2005 Bankruptcy Report Act?.....Yes No
6. Do you have written due diligence procedures for verifying the truthfulness and accuracy of the debtor's bankruptcy schedule?..... Yes No
7. Do you have written due diligence procedures for certification of the debtor's ability to pay?.....Yes No
If yes, please describe:
8. Do you provide a uniform disclosure statement to all debtor clients regarding the duties of the debtor in bankruptcy?..... Yes No
If yes, is it maintained for at least two (2) years?..... Yes No
9. If you represents debtors, are all required disclosures, including statements about acting as a debt relief agency, prominently displaced in all advertising and other mass communication?.....Yes No N/A
10. Have you or any of your attorneys ever represented debtors in bankruptcy proceedings where total debt Exceeded \$10M?..... Yes No
If yes, please describe:

COLLECTION PRACTICE - GENERAL INFORMATION

11. Please advise if any of the following apply with regard to your Collection practice:

- a. Do you provide any services to purchasers of debt or debt consolidators?.....Yes No
- b. Do you have written procedures to verify compliance with the FDCPA and all amendments?..... Yes No
- c. Do you have written procedures to verify the validity of an alleged debt?..... Yes No
- d. Do you accept collection cases in states outside of your office location(s)?..... Yes No
- e. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all state and federal statutes?..... Yes No
- f. Do you use a formal script that is fully compliant with all state and federal collection laws when contacting debtors by phone?..... Yes No
- g. Please estimate the total number of collection matters handled annually:..... _____
- h. Please estimate the average debt amount of an individual collection account handled by the firm: _____
- i. What percentage of collection cases utilize outside debt collection firms?..... _____
- j. Do you permit outside collection firms to use their name or the name of any of their attorneys in collection activities?..... Yes No
- k. Do you or any of your attorneys have any kind of ownership interest in an outside collection agency?..... Yes No
- l. Within the past five years, have you or any of your attorneys executed any hold harmless or indemnity agreements in favor of any collection clients regarding their own violation or alleged violation of collection laws?.....Yes No

FRAUD WARNINGS

Attention: Insureds in AL, AR, DC, MD, NM, and RI

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 CO

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 FL

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 KY, NJ, NY, OH, and PA

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 LA, ME, TN, VA, and WA

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 OR

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 PR

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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (Partner, Member, Officer, Shareholder)

Date

Name (print)

Title

If you apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse, or other device to click the "Accept" button 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.

Accept

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this supplement (please reference the question number).