

**Travelers Casualty and Surety Company of America**  
**Hartford, Connecticut**

*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 \_\_\_\_\_

**INDIVIDUAL INSTITUTION INFORMATION**

1. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

2. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

3. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

4. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

5. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

6. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

**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).