

Travelers Casualty and Surety Company of America  
Hartford, Connecticut

*Throughout this application "you" and "your" means the entity or individual applying for this insurance.*

**APPLICANT INFORMATION**

1.  New Business     Renewal  
Travelers policy number: \_\_\_\_\_

2. Firm legal name: \_\_\_\_\_

**PLEASE READ: Complete ONLY those section(s) of this supplement applicable to you or your firm's areas of practice.**

**SECTION I: ESTATES AND TRUSTS AREA OF PRACTICE**

3. Please complete the following chart based on the 5 largest Estates or Trusts your firm has provided legal services for during the past 5 years:

Name of Estate or Trust	Date Established	Attorney	Description of Services	Approximate Value	% of Attorney Total Billings
				\$	%
				\$	%
				\$	%
				\$	%
				\$	%

***If yes for Questions 4 - 8, please provide details at the end of the application or in a separate attachment.***

4. Do services for your Estates and Trusts clients include business formation, management, or other business transactions? .....  Yes  No

5. Do you or any of your attorneys serve as Executors or Personal Representatives of estates (not including their own families)? .....  Yes  No

6. Do you allow involved attorneys to accept gifts or bequests from Estates and Trusts clients? .....  Yes  No

7. Do services for your Estates and Trusts clients include investment decisions resulting in the purchase or sale of:

a. securities? .....  Yes  No

b. real estate? .....  Yes  No

c. other investments? .....  Yes  No

8. Do you receive any kind of compensation from the purchase or sale of investments to or on behalf of any Estate or Trust? .....  Yes  No

9. How often do you require an independent audit or reconciliation of active Estates or Trusts? .....  Quarterly  
*If never, please explain:* \_\_\_\_\_  Annually  
 Never

10. Please complete the following chart estimating the percentage of your Estates and Trusts work according to your client's total asset size:

Client's Total Assets	Estimated Percentage of Estates and Trusts Work
Less than \$5,000,000	%
Between \$5,000,000 and \$10,000,000	%
More than \$10,000,000	%

**SECTION II: PLAINTIFF LITIGATION AREA OF PRACTICE**

11. Please complete the following chart based on the percentage of Plaintiff work performed by your firm in the following areas of practice: (The total must equal 100%.)

Plaintiff Area of Practice	Percentage of Area of Practice	Average Case Size	Largest Case Size
Class Action/Mass Tort*	%		
Non-Medical Professional Malpractice	%		
Medical Malpractice	%		
Products Liability	%		
Aviation	%		
Asbestos	%		
Toxic Tort	%		
Pharmaceutical or Medical Device	%		
Personal Injury/BI/PD	%		
Tobacco	%		
Workers Compensation	%		
Other	%		

\* For each Class Action/Mass Tort case, please describe the type of case, your role (i.e. lead or local counsel), number of plaintiffs, current status or resolution, claim damages or settlement/award amount either at the end of the application or in a separate attachment.

12. Staffing:

- a. Number of attorneys involved in plaintiff work: \_\_\_\_\_ %
- b. Average percentage of attorney's time devoted to plaintiff work: \_\_\_\_\_ %
- c. Number of support staff devoted to plaintiff work: \_\_\_\_\_

13. Disposition of Cases:

- a. Number of cases per attorney: \_\_\_\_\_
- b. Largest judgment, award or settlement in a plaintiff case achieved in the past 5 years: \_\_\_\_\_
- c. Percentage of cases settled before trial: \_\_\_\_\_ %
- d. Percentage of cases with any recovery for the client: \_\_\_\_\_ %
- e. Percentage of cases declined or rejected that are not referred to other firms: \_\_\_\_\_ %
- f. Do you use written disengagement or non-engagement letters that include warnings about potential statute of limitations or critical deadline issues for all matters rejected or referred? ...  Yes  No

14. Referral of Cases:

- a. Cases referred out to other law firms: \_\_\_\_\_ %
- b. Cases referred to you from other law firms: \_\_\_\_\_ %
- c. Do you use a written agreement for any cases referred out or in?  Yes  No
- d. Does the agreement outline the responsibilities of each firm?  Yes  No
- e. Do you diary and follow up on statutes of limitations and other deadlines even if the other firm is responsible?  Yes  No

Type of Cases	Percentage
	%
	%

15. Fees:

- a. Percentage of cases handled on a contingent fee basis: \_\_\_\_\_ %
- b. Percentage of settlement or verdict the firm charges for its fee: \_\_\_\_\_ %

**SECTION III: REAL ESTATE AREA OF PRACTICE**

16. Please complete the following chart for any Real Estate transactional work during the past 12 months:

Type of Real Estate Transaction and Client	No. of Transactions	Est. % Change vs. Prior Year	Largest Sale or Other Transaction Value
Residential-Buyer/Seller			
Commercial-Buyer/Seller			
Residential or Commercial-Escrow/Closing/Title Insurer			

17. Please complete the following chart based on the percentage of Real Estate work performed by your firm during the past 12 months in the following areas of practice: (The total must equal 100%.)

Real Estate Area of Practice	Percentage of Practice	Real Estate Area of Practice	Percentage of Practice
Residential Property Sales Transactions-Buyer/Seller	%	Land Use/Development (Owner/ Developer)	%
Commercial Property Sales Transactions-Buyer/Seller	%	Landlord/Tenant	%
Lender Representation-Refinancing, Loan Workouts, Foreclosure, Trustee's Sales, Lender Remedies, etc.)	%	Condominiums/Cooperatives/Townhomes	%
Borrower Representation-Refinancing, Loan Workouts, Foreclosure, Trustee's Sales, Borrowers Remedies, etc.	%	Construction Work/Mechanic's Liens	%
Environmental Compliance	%	Speculative Real Estate	%
Condemnation/Tax Abatement/Property Valuation	%	Other (Please specify at the end of the application or in a separate attachment)	%

**If yes for Questions 18 & 19, please provide details at the end of the application or in a separate attachment.**

18. Do you own or have equity in any real estate business, including a subsidiary, title agent or abstract company? .....  Yes  No

*If yes, please provide details including name, description of services, equity or ownership, and client disclosures. If coverage is desired, please complete the Title Agency Supplement.*

19. Do you undertake any aspect of financial or valuation analysis of transactions for clients (e.g. tax ramifications or appraisal)? .....  Yes  No

20. Does any member of your firm serve as a title insurance agent? .....  Yes  No

*If yes, please list the top 3 title insurers you represent, largest property value insured, and approximate number of commercial and residential policies issued in the past 12 months.*

**FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**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.

**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.

**SIGNATURES**

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The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative\*

\*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: <b>X</b>	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

**ADDITIONAL INFORMATION:**

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In the section below you may provide additional information to any of the questions in this application. Please reference the question number.