



Travelers Casualty and Surety Company of America

The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

The limit of liability available to pay losses will be reduced and may be exhausted by the amounts paid as defense expenses, and the Company will not be liable for legal defense costs or for the amount of any judgment or settlement after the exhaustion of the limit of liability. The deductible or retention will apply to defense expenses. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense expenses, and the deductible or retention may apply up to 50% of defense expenses).

GENERAL INFORMATION

| | |
|------------|----------------|
| Firm Name: | Policy Number: |
|------------|----------------|

DESCRIPTION OF FEE COLLECTION OPERATIONS

1. How many fee collection suits has the firm initiated in the past two years?

2. What are the average and maximum values sought by these fee suits?.....Avg: \$_____ Max: \$_____

3. What areas of the firm's practice have been the source of the fee collection law suits?

4. What is the firm's policy on suing to collect professional fees?

Is this policy in writing? Yes No

5. Do the firm's engagement and retainer letters contain billing and payment requirements? Yes No

6. Does the firm refer fee collection matters to an outside collection agency or law firm? Yes No

7. Is there a review by an uninvolved attorney to evaluate the risk of a malpractice counterclaim prior to bringing a fee collection suit? Yes No

8. Are the suits initiated only after the statutes of limitations have expired on a malpractice claim?..... Yes No

9. What other steps has the firm taken to avoid malpractice counterclaims?

NOTICE REGARDING COMPENSATION

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, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

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 to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will 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 to defraud 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.

SIGNATURE AND AUTHORIZATION

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.

| | | |
|---|---|----------------------|
| Authorized Representative Signature*: X | Authorized Representative Name and Title | Date (mm/dd/yyyy): |
| Producer Signature* (required in FL and IA) X | State Producer License No (required in FL): | Date (mm/dd/yyyy): |
| Agency: | Agency Contact: | Agency Phone Number: |

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you 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 signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
 Electronic Signature and Acceptance – Producer