



Claims-Made: 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.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after exhaustion of the limit of liability. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense costs)

IMPORTANT INSTRUCTIONS

This Application will only be accepted for private companies, publicly traded companies, and non-profit organizations. This Application will not be accepted for accountants, lawyers, real estate, design, investment advisers, or financial institutions seeking professional liability.

Under the Miscellaneous Professional Liability policy, affiliates, other than Subsidiaries as defined in the policy, are not covered unless the Company has agreed to specifically schedule such entities by endorsement.

GENERAL INFORMATION

Name of Applicant:
Street Address:
City: State: Zip:
Primary Contact Name and Title: Telephone Number: NAICS Code: Year Established:
Email Address: Applicant Website:
Organization Type: Private Non-Profit Publicly Traded Financial Institution
Total revenue as of most recent fiscal year-end: Total professional services revenue as of most recent fiscal year-end:

REQUESTED INSURANCE TERMS/CURRENT INSURANCE INFORMATION

1. Requested Terms: Limit Requested: Retention Requested: Effective Date Requested:
2. Does the Applicant currently purchase errors and omissions or professional liability coverage?
If Yes, provide the following: Expiring Carrier: Expiring Premium: Expiring Limit: Retroactive Date:

PROFESSIONAL SERVICES INFORMATION

3. Does the Applicant use subcontractors?
If Yes, do they carry professional liability insurance?
4. Does at least one principal, director, officer, partner, member of senior management, or professional employee have at least 3 years of experience in the professional service(s) offered?

PROFESSIONAL SERVICES INFORMATION (CONTINUED)

5. Does the Applicant or its Subsidiaries:
- a. act as an interim manager assuming full operational and management responsibility on a client’s behalf? Yes No
 - b. service clients in the construction, healthcare, oil & gas, or transportation industries? Yes No
 - c. provide services to clients located outside the United States and Canada? Yes No

6. **Indicate all professional services offered by the Applicant and all Subsidiaries* for which coverage is desired by checking the applicable box(es) below.**

<input type="checkbox"/> Actuarial Consulting	<input type="checkbox"/> Drug Testing	<input type="checkbox"/> Operational Consulting
<input type="checkbox"/> Advertising	<input type="checkbox"/> Educational Consulting	<input type="checkbox"/> Payroll Processing
<input type="checkbox"/> Agricultural Consulting	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Photography
<input type="checkbox"/> Answering Services	<input type="checkbox"/> Executive Recruiting	<input type="checkbox"/> Polygraph Examining
<input type="checkbox"/> Appraising (Insurance Claims)	<input type="checkbox"/> Expert Witness	<input type="checkbox"/> Pre-employment Screening
<input type="checkbox"/> Appraising (Personal Property)	<input type="checkbox"/> Film Editing	<input type="checkbox"/> Printing
<input type="checkbox"/> Auctioneering	<input type="checkbox"/> Forensic Auditing	<input type="checkbox"/> Process Serving
<input type="checkbox"/> Audio Consulting	<input type="checkbox"/> Forensic Investigation/Reverse Engineering	<input type="checkbox"/> Property Preservation
<input type="checkbox"/> Billing (Medical)	<input type="checkbox"/> Forestry	<input type="checkbox"/> Property Tax Consulting
<input type="checkbox"/> Billing (Non-Medical)	<input type="checkbox"/> Franchising	<input type="checkbox"/> Public Adjusting (Fee Based)*
<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Freight Forwarding/Custom Brokering	<input type="checkbox"/> Public Relations Consulting
<input type="checkbox"/> Business Association	<input type="checkbox"/> Fund Raising Consulting	<input type="checkbox"/> Publishing
<input type="checkbox"/> Business Coaching/Career Consulting	<input type="checkbox"/> Grant Writing Consulting	<input type="checkbox"/> Relocation Consulting
<input type="checkbox"/> Business Consulting	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Resume Writing
<input type="checkbox"/> Call Center (Inbound)	<input type="checkbox"/> Guidance/Education Counseling	<input type="checkbox"/> Social Services
<input type="checkbox"/> Call Center (Outbound)	<input type="checkbox"/> Human Resources Consulting	<input type="checkbox"/> Stenography/Typing
<input type="checkbox"/> Catering	<input type="checkbox"/> Insurance Claim Adjusting*	<input type="checkbox"/> Strategic Consulting
<input type="checkbox"/> Cell Tower Acquisition Consulting	<input type="checkbox"/> Insurance Inspection/Premium Auditing	<input type="checkbox"/> Tailoring
<input type="checkbox"/> Civic Organization	<input type="checkbox"/> Interior Decorating	<input type="checkbox"/> Technology Consulting
<input type="checkbox"/> Computer Training	<input type="checkbox"/> Interpreting	<input type="checkbox"/> Telecommunications Consulting
<input type="checkbox"/> Concierge Services	<input type="checkbox"/> Janitorial Service	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Corporate Training	<input type="checkbox"/> Landman	<input type="checkbox"/> Temporary Help Agency
<input type="checkbox"/> Courier	<input type="checkbox"/> Logistics Consulting	<input type="checkbox"/> Tour Operation
<input type="checkbox"/> Court Reporting	<input type="checkbox"/> Management Consulting	<input type="checkbox"/> Translator
<input type="checkbox"/> Credit Counseling	<input type="checkbox"/> Marine Survey/Vessel Documentation	<input type="checkbox"/> Travel Agent
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Market Research	<input type="checkbox"/> Trustee (Bankruptcy)
<input type="checkbox"/> Debt Collection	<input type="checkbox"/> Marketing Consulting	<input type="checkbox"/> Trustee (Non-Bankruptcy)
<input type="checkbox"/> Dietician	<input type="checkbox"/> Media Buying	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Disability Representative	<input type="checkbox"/> Mediation	<input type="checkbox"/> Website Developing
<input type="checkbox"/> Document Destruction	<input type="checkbox"/> Mortgage Field Representative	<input type="checkbox"/> Other (<i>specify below</i>)**
<input type="checkbox"/> Dress Making	<input type="checkbox"/> Notary Public	
<input type="checkbox"/> Driver Instruction/Driver Training	<input type="checkbox"/> Nutritionist	

*Requires completion of Adjusters Liability Information Request.

If **Other was selected, describe the services provided below:

LOSS INFORMATION

7. Is the Applicant, any Subsidiary, or any person proposed for this insurance, aware of any circumstance that could reasonably give rise to a claim against them under this Miscellaneous Professional Liability coverage? Yes No
8. In the past 3 years, has any person or entity proposed for this insurance been a party to any professional liability claims, any disciplinary actions, or been cited by any regulatory agency or professional association? Yes No

REQUIRED ATTACHMENTS

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application, and the Company may elect to obtain requested information from public sources, including the internet.

- Biographical sketches or resumes of any principals or partners with less than 3 years of prior experience.
- Most recent year-end financial statement if revenues are greater than \$55,000,000.
- Loss information, if Applicant has had any claims in the past 3 years. Include date, nature of claim, amount paid, and status (open or closed).

ORGANIZATIONS NOT ELIGIBLE FOR COVERAGE

Coverage will not be considered for companies involved in whole or in part in paramilitary operations, pornography, adult entertainment, escort services, prostitution, or the manufacturing, distribution, or sale of marijuana.

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 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.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

PUERTO RICO: Any person who knowingly and intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, 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. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

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 (Partner, Principal, Officer, or General Counsel): X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:	Agency contact and email address:	Agency Phone Number: