



Miscellaneous Professional Liability
Renewal Coverage Application

Travelers Excess and Surplus Lines Company

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.

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. Some of the information in this Application may be prefilled based on previously provided information. Make appropriate changes if necessary.

GENERAL INFORMATION

Name of Applicant:
Street Address:
City: State: Zip:
NAICS Code: Year Established: Expiring Policy Number:
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/LOSS INFORMATION

- 1. Requested Terms: Limit Requested: \$ Retention Requested: \$
2. If the Applicant is requesting a Limit that is greater than its expiring limit, 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 N/A

PROFESSIONAL SERVICES INFORMATION (CONTINUED ON PAGE 2)

- 3. Does the Applicant use subcontractors? Yes No
If Yes, do they carry professional liability insurance? Yes No
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? Yes No

**PROFESSIONAL SERVICES INFORMATION (CONTINUED)**

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

\*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.

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

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**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 policy limit is greater than \$3,000,000.

## **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](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.

**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): <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 contact and email address:	Agency Phone Number: