



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 and reported 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. 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).

Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

A. COMMON SECTION

I. GENERAL INFORMATION

1. **Applicant** Information:

Name of **Applicant**:

Street Address:

City, State, ZIP Code:

Website Address(es):

Year **Applicant's** business was established (yyyy):

Description of **Applicant's** operations:

2. **Applicant's** Standard Industrial Classification (SIC) code, if known (four-digit number):

II. ORGANIZATION INFORMATION

3. Subsidiary Information:

Is requested coverage to include entities that are more than 50% owned, joint ventures that are at least 50% owned, or non-profit entities controlled by the **Applicant**, either directly or indirectly through one or more subsidiaries? Yes No
*If Yes, attach a list of such entities, including the entity's name, percentage of the **Applicant's** ownership, nature of business, and the date acquired or created.*

4. Asset or Equity Acquisition or Offering Information:

In the next 12 months (or during the past 24 months) does the **Applicant** have under consideration:
a. Any acquisition, tender offer, merger, consolidation, or divestiture; or purchase or sale of assets exceeding 30% of consolidated assets? Yes No
b. Any offers (including tender offers) or negotiations to purchase 5% or more of any class of voting stock of the **Applicant**? Yes No
c. A private or public offering of its securities? Yes No
If Yes, attach full details, including the prospectus or private placement memorandum.
d. Any branch, location, facility, office or subsidiary closings, consolidations or layoffs? Yes No

e. Any development of new products or entering into any new states? Yes No
If any of the questions above were answered Yes, attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.

5. Have there been any disciplinary actions taken against any **Applicant** during the previous three years by any regulatory authority, including any consent, disciplinary, enforcement, or cease and desist orders, or similar agreements or restrictions?..... Yes No
If Yes, attach full details.

6. List the **Applicant's** key reinsurers, including percentage of ceded premium and participation description:

Reinsurer	Percentage of Ceded Premium	Participation Description
	%	
	%	
	%	

7. Have there been any significant changes in reinsurance treaty terms during the past three years, or are any expected during the next 12 months, including changes in self insured retentions, limits purchased, lines of business added or excluded, or exclusions added or removed?..... Yes No
If Yes, attach an explanation.

8. During the last 12 months has any rating agency communicated any changes in, or placed under review, any current financial or claims paying ability ratings of the **Applicant**? Yes No
If Yes, attach an explanation.

9. Has the **Applicant** had an independent outside actuarial certification of rates or reserve adequacy? ... Yes No
If No, attach an explanation.
If Yes, provide the dates (mm/dd/yyyy) of most recent certifications and the name of organizations that provided such certifications: _____
Are the recommendations contained in such certifications being implemented? Yes No
If No, attach an explanation.

10. Provide the following as it relates to the **Applicant's** fiscal year end (FYE):

	Most Recent FYE	Prior FYE	Projected FYE
Total Assets	\$	\$	\$
Total Direct Written Premium	\$	\$	\$

11. Prior Insurance Information
a. Provide the following insurance information for the **Applicant**:

Coverage	Insurer	Limit	Retention	Policy Period (mm/dd/yyyy – mm/dd/yyyy)	Expiring Premium
Directors and Officers Liability Insurance		\$	\$		\$
Employment Practices Liability Insurance		\$	\$		\$
Fiduciary Liability Insurance		\$	\$		\$
Cyber Liability Insurance		\$	\$		\$
Financial Institution Bond		\$	\$		\$
General Liability Insurance		\$	\$		\$

Coverage	Insurer	Limit	Retention	Policy Period (mm/dd/yyyy – mm/dd/yyyy)	Expiring Premium
Property Insurance		\$	\$		\$
Workers Compensation Insurance		\$	\$		\$
Commercial Auto Insurance		\$	\$		\$
Other Errors & Omissions (E & O) Coverage		\$	\$		\$

b. If other E&O coverage was completed in the table above, specify the kind of E&O coverage obtained:

III. EMPLOYEE INFORMATION

12. Total number of employees*.....

13. Complete the following table breaking out the number of Full Time and Part Time employees*, Volunteers and natural person Independent Contractors**:

As of Date of Application		Previous 12 Months		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors**

14. Total number of employees* outside the United States?

15. Locations:

- a. Main office of the **Applicant** 1
- b. All other locations of the **Applicant** +
- c. Total number of locations:..... =

16. Are any of the above locations outside the United States?..... Yes No
If Yes, attach full details.

*Full and part time including leased, seasonal, and temporary employees

**Independent Contractors may not be considered Employees with respect to certain coverages

IV. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

LIABILITY COVERAGES

Requested Liability Coverages	Requested Coverage (Yes or No) (A)	Requested Limit (B)	Requested Retention (C)	Coverage Currently Purchased (Yes or No) (D)	Expiring Limit (E)	Expiring Retention (F)	Expiring Premium (G)
Directors and Officers Liability		\$	\$		\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		
Employment Practices Liability		\$	\$		\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		

Requested Liability Coverages	Requested Coverage (Yes or No) (A)	Requested Limit (B)	Requested Retention (C)	Coverage Currently Purchased (Yes or No) (D)	Expiring Limit (E)	Expiring Retention (F)	Expiring Premium (G)
Fiduciary Liability		\$	\$		\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		
Insurance Company Professional Liability		\$	\$		\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		

17. Policy Options:

a. What is the **Applicant's** preference for defense coverage, other than Directors, Officers, and Organization Liability Coverage and Insurance Company Professional Liability Coverage?*

- i. Employment Practices Liability? Duty-to-Defend Reimbursement
- ii. Fiduciary Liability? Duty-to-Defend Reimbursement

*Directors, Officers, and Organization Liability Coverage and Insurance Company Professional Liability Coverage are reimbursement only.

b. What is the **Applicant's** preference for Liability Coverage limits? Individual Limits Shared Limits

c. If the **Applicant** is requesting Employment Practices Liability coverage as indicated in Column (A) above, is this coverage also requested for third party sexual harassment claims? Yes No

If the **Applicant** is requesting third party sexual harassment coverage, but does not currently purchase such coverage, answer Question 19 below.

Answer the following questions for all Liability Coverages other than Insurance Company Professional Liability Coverage:

18. If Liability Coverage is currently purchased as indicated in Column (D) above, but has been in place for less than three years, answer the following question:

As of the date the **Applicant** first purchased the Liability Coverage, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim being made against them under the Liability

Coverage for which the **Applicant** is applying? Yes No

If Yes, attach an explanation.

19. If Liability Coverage is not currently purchased as indicated in Column (D) above, answer the following question:

Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying? Yes No

If Yes, attach an explanation.

20. If the Requested Limit in Column (B) exceeds the Expiring Limit in Column (E), answer the following question:

Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying? Yes No

If Yes, attach an explanation.

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event, or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event, or act prior to the issuance of the proposed policy.

Answer the following question solely for Insurance Company Professional Liability Coverage:

21. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim being made against them under the Insurance Company Professional Liability Coverage for which the **Applicant** is applying seeking monetary damages against them arising out of their performing, rendering, or failing to perform or render, professional services, including claims handling services? Yes No
 If Yes, attach an explanation.

With respect to the information required to be disclosed in response to the question above, the proposed insurance will not afford coverage under the Insurance Company Professional Liability Coverage for any claim arising from any fact, circumstance, situation, event, or act about which any chief executive officer, chief financial officer, in-house general counsel, risk manager of the **Applicant** (or any functional equivalent position,) or Control Person* of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event, or act prior to the issuance of the proposed policy.

*Control Person means any employee of the **Applicant** responsible for the receipt of notice on behalf of the **Applicant** of any demand made or claim or suit brought against the **Applicant** that includes allegations of bad faith in claim handling or any violation of any unfair claims practices statute or similar law.

KIDNAP AND RANSOM COVERAGE

Requested Kidnap and Ransom Coverage	Effective Date	Requested Limit	Requested Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$

Expiring Insurer: _____ Expiring Premium: \$ _____

CYBER COVERAGE

Requested Cyber Coverage	Effective Date	Requested Limit	Requested Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$

22. If Yes, complete the following table for coverages, limits and retentions requested:

Insuring Agreement	Requested Limit	Requested Retention
Network and Information Security Liability (Required)	\$	\$
Communications and Media Liability	\$	\$
Regulatory Defense Expenses	\$	\$
Crisis Management Event Expenses	\$	\$
Security Breach Remediation and Notification Expenses	\$	\$
Computer Program and Electronic Data Restoration Expenses	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
E-Commerce Extortion	\$	\$
Business Interruption and Additional Expenses	\$	Hours:

23. What is the **Applicant's** preference for defense coverage with respect to Cyber Risk Insuring Agreement A., B., and C.? Duty to Defend Reimbursement

IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE

Requested Identity Fraud Expense Reimbursement Coverage	Date	Limit	Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>	\$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/>

Expiring Insurer: _____

Expiring Premium: \$ _____

V. LOSS INFORMATION

LIABILITY COVERAGES

24. With respect to the Liability Coverages other than Insurance Company Professional Liability Coverage requested in this Application, have any administrative or regulatory proceedings or civil or criminal charges, hearings, demands, or lawsuits been made or brought against any person or entity proposed for this insurance during the past three years, whether or not insured, including any such matter involving securities, security holders, creditors, antitrust or fair trade law, copyright or patent law, the Employee Retirement Income Security Act (ERISA), discrimination, harassment or employment-related matters? Yes No
If Yes, complete the table below:

Date of Such Claim (mm/dd/yyyy)	Nature of Claim	Amount Paid for Defense	Amount Sought or Paid for Damages	Covered by Insurance (Yes or No)	Corrective Procedures Implemented (Yes or No)	Current Status
		\$	\$			
		\$	\$			

To enter more information, attach a separate page.

25. Solely with respect to the Insurance Company Professional Liability Coverage requested in this Application, during the past five years, have any written demands, or civil, criminal, arbitration, administrative or regulatory proceedings been made or brought against any person or entity proposed for this insurance involving professional services, including claim handling services, that:

- seek damages, have resulted in damages payment having been made or defense expenses having been incurred (other than contractual damages under a contract of insurance);
- seek punitive, exemplary or multiplied damages; or
- seek class action status, whether or not extra-contractual damages are sought? Yes No

If Yes, attach the following information:

- Date the demand or notice of the proceeding was received;
- Status of the demand or proceeding;
- Name of the entity or person making the demand or bringing the proceeding;
- Description of the circumstances involved, and the allegations of the demand or proceeding;
- Following amounts from the first dollar, whether or not subject to E&O insurance:
 - Contractual damages and defense expenses incurred (contractual loss not subject to E&O insurance);
 - Extra contractual damages incurred (excess of limits, punitive or exemplary, or multiplied damages, etc.);
 - Other damages; and
 - Defense expenses incurred (other than defense expenses incurred in connection with the contractual claim); and
- Copy of the complaint, including amendments and responses, for any proceeding seeking class action status along with a brief summary of the status.

26. Have all of the demands and proceedings disclosed in Question 25 been reported to any previous or existing insurer providing coverage for Insurance Company Professional Liability? Yes No
If No, attach an explanation.

KIDNAP AND RANSOM COVERAGE

27. Has the **Applicant** incurred any kidnap and ransom related losses or incidents during the past three years? Yes No
If Yes, complete the table below:

Date of Loss/Incident	Amount of Loss	Description of Loss	Corrective Procedures Implemented	Current Status
	\$			
	\$			

To enter more information, attach a separate page.

CYBER COVERAGE

28. In the past 3 years has the **Applicant**:
- a. received any claims or complaints with respect to privacy, breach of information or network security unauthorized disclosure of information, or defamation or content infringement? Yes No
 - b. been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? Yes No
 - c. notified consumers or any other third party of a data breach incident involving the **Applicant**? Yes No
 - d. experienced an actual or attempted extortion demand with respect to its computer systems Yes No
29. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the insurance policy for which the **Applicant** is applying? Yes No

If any question is answered Yes, please attach details of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE

30. Has the **Applicant** experienced, in the last three years, a data theft, data breach, or loss of employee, customer or member information? Yes No
If Yes, attach an explanation.

B. DIRECTORS, OFFICERS, AND ORGANIZATION LIABILITY COVERAGE SECTION

I. PRIOR INSURANCE INFORMATION

1. Has any insurer declined, cancelled, or refused to renew your or any of your subsidiaries' Directors and Officers Liability coverage? Yes No
If Yes, attach full details. (Not applicable in Missouri.)

II. REQUIRED ATTACHMENTS – DIRECTORS, OFFICERS AND ORGANIZATION LIABILITY

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the **Applicant** or are obtained by the Company from any public source, including the Internet*):

10. Does the **Applicant** provide severance packages to terminated or laid off employees? Yes No
*If Yes, does the severance agreement include a waiver or release of an employee's rights to bring claim against the **Applicant**?*..... Yes No

II. HUMAN RESOURCES

11. a. Does the **Applicant** have a Human Resources department? Yes No
 b. Number of Human Resources employees:..... _____
12. Are all prospective employees required to complete a uniform employment application prior to hire? ... Yes No
13. Does the **Applicant** have an employee handbook that is distributed to all employees?..... Yes No
14. Are employees required to acknowledge, by signature, receipt of such employee handbook? Yes No
15. Does the employment application or employee handbook contain an "Employment at Will" statement?..... Yes No
16. Complete the following table for guidelines, policies and procedures related to the following:

Guidelines, Policies, Procedures	Formal Written Policy	Employees Sign and Acknowledge Receipt
Workplace Discrimination	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual and Other Workplace Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equal Employment Opportunity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
FMLA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disabled Employees and Accommodations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retaliation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reporting, Investigating and Resolving Employee Complaints	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Written Performance Appraisals/Reviews	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hiring/Interviewing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discharge/Termination	Yes <input type="checkbox"/> No <input type="checkbox"/>	

17. Are the **Applicant's** employment practices policies, procedures and employee handbook periodically reviewed by an attorney with experience in employment law? Yes No
18. Does the **Applicant** have written policies or procedures outlining employee conduct when dealing with the general public, customers, clients, vendors, or other third parties? Yes No
19. Does the **Applicant** have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment? Yes No
20. Does the **Applicant** conduct human resources training on guidelines, policies and procedures for all individuals who handle human resources functions? Yes No
21. Does the **Applicant** conduct training for employees on issues of discrimination and sexual and other workplace harassment? Yes No

III. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- If the **Applicant** has 500 or more employees, attach employee handbook
- If the **Applicant** has 1,000 or more employees, most recent EEO-1 report
- If the **Applicant** layoffs are either 10% of the workforce or more than 100 employees, complete the Downsizing Supplemental Application

D. FIDUCIARY LIABILITY COVERAGE SECTION

I. PLAN DATA

1. Premium to be paid by:.....Employer: Trust or Plan:
2. Complete the table for all plans for which coverage is requested:

Full Plan Name	Plan Type*	Current Asset Value	Current FYE Annual Contributions	Current Number of Participants	Plan Status**
		\$			
		\$			
		\$			
		\$			

*Entity Type: DB=Defined Benefit; DC=Defined Contributions; E=ESOP; W=Self-Funded Welfare Benefit Plan; O=Other
Attach explanation.

**Plan Status: A=Active; F=Frozen; S=Sold; T=Terminated
Include date of freeze, sale or termination.

To enter more information, attach a separate page.

II. PLAN UNDERWRITING QUESTIONS

3. Is each plan reviewed periodically to assure there are no violations of ERISA (e.g., prohibited transactions or party-in-interest rules)?..... Yes No
If No, attach an explanation.
4. Does any plan: (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law, or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits?..... Yes No
If Yes, attach an explanation.
5. Has any plan: (a) been the subject of an investigation by the Department of Labor, Internal Revenue Service (IRS), or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) filed for an exemption from a prohibited transaction; or (d) received an adverse opinion as to its financial condition by an independent public accountant? Yes No
If Yes, attach an explanation.
6. If any plan is a defined benefit plan, has such plan: (a) experienced an event reportable to the Pension Benefit Guaranty Corporation; (b) not been certified by an actuary to be adequately funded in accordance with ERISA’s minimum funding standard; or (c) been converted into a cash balance plan or is any such conversion expected in the next 12 months?
If there are no defined benefit plans, check N/A.N/A Yes No
If Yes, attach an explanation.

7. Has any plan: (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past two years or is any such merger, termination or sale anticipated in the next 12 months? Yes No
If Yes, attach an explanation detailing the implementation, disclosure and any relevant blackout periods.
8. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? Yes No
If Yes, attach an explanation.
9. Does the employer, committee of employer representatives, or union board of trustees have final say over the determination of whether benefits will be paid under any healthcare plan sponsored by the **Applicant**? Yes No
If Yes, identify the names of such plans in a separate attachment.
10. Does any plan invest in a mutual fund, collective trust or similar investment pool that receives investment management services from the **Applicant** for a fee? Yes No
If Yes, attach an explanation.
11. Provide the name of any firm providing the following services:

CPA (Certified Public Accountant)	Attorney	Actuary	Investment Advisor

III. EMPLOYER SECURITIES

Complete this section only if the **Applicant** sponsors an ESOP or a defined contribution plan that invests in employer securities.

12. Name of plan holding employer securities: _____

13. As a matter of plan design, is company stock required to be offered as an investment alternative? Yes No
14. If the plan is an ESOP, is it leveraged? N/A Yes No
If Yes, provide the date, terms and reasons for loan as well as the names of any parties selling shares to the ESOP and list any guarantors of the loan. _____

15. Does an independent trustee or other fiduciary not otherwise affiliated with the **Applicant** monitor the plan's stock holdings? Yes No
If Yes, provide the name of all independent trustees or other fiduciaries in a separate attachment.
16. Does the plan allow immediate diversification of contributions made in company stock? N/A Yes No
If No, describe if and when diversification is allowed in a separate attachment.
17. Does the plan include a provision for pass-through voting and tendering of allocated employer securities held by the plan and "mirrored" voting and tendering of unallocated employer securities held by the plan? Yes No
If No, provide an explanation in a separate attachment.
18. Does the plan have percentage caps on the amount of an employee's plan account that can be invested in company stock? Yes No
If Yes, provide the percentage amount: _____ %

IV. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000.
- Plan financial statements for each defined contribution plan, if limit requested is greater than \$5,000,000 and/or the plan invests in employer securities
- Most recent 5500 of all plans

E. INSURANCE COMPANY PROFESSIONAL LIABILITY COVERAGE SECTION

I. INSURANCE COMPANY OPERATIONS INFORMATION

1. Indicate the following professional services performed by the **Applicant**:
 - a. Claim handling and adjusting, subrogation, or salvage: Yes No
 - b. Personal injury rehabilitation: Yes No
 - c. Safety inspections, loss control, or safety engineering: Yes No
 - d. Premium financing: Yes No
 - e. Insurance consulting: Yes No
 - f. Insurance risk management: Yes No
 - g. Actuarial consulting: Yes No
 - h. Notary services: Yes No
 - i. Services for insurance pools (*If Yes, provide details*): Yes No
 - j. Insurance agent and broker activity (*If Yes, submit an Insurance Agents Owned Operations Coverage Application*): Yes No

2. Provide the following information for all professional services offered for a fee, include any professional service listed above only if such service is offered for a fee other than the premium charge for a contract of insurance or investment product:

Name of Professional Service	Description	Length of Time Service has been Offered	Most Recent FYE Fees or Revenues	Prior FYE Fees or Revenues
			\$	\$
			\$	\$
			\$	\$
			\$	\$

3. With respect to those professional services offered, other than claim handling and adjusting in connection with a contract of insurance issued by the **Applicant**:
 - a. Are such professional services rendered pursuant to a written contract (including any professional services offered through a third party vendor)? Yes No
 - b. Are written contracts reviewed and approved by either in-house or outside legal counsel? Yes No
 - c. Are there written policies and procedures that govern the performance and administration of offered professional services? Yes No
 - d. If professional services are offered through a third party vendor, is such third party vendor required to agree, under written contract, to indemnify or limit the liability of the **Applicant** for such services? Yes No

If No to any of the above, attach an explanation.

4. Does the **Applicant** currently, or in the foreseeable future plan to, own or operate any entity providing any form of managed health care, or plan to utilize managed health care in connection with any contract of insurance through an independent contractor? Yes No
If Yes, attach details, including the names and ownership of each entity, a full description of the service provided, and copies of any contracts, including insurance requirements and any hold harmless arrangements.

II. CLAIM HANDLING AND REPORTING PROCEDURES INFORMATION

5. Are there written procedures for handling, assessing and monitoring claims against the **Applicant** or any person proposed for this insurance, in connection with claim handling or any other professional services offered? Yes No
If Yes, attach a copy of procedures.

6. When were such written procedures established (mm/yyyy)?

7. How often are such written procedures reviewed and updated?

8. Provide the name, title, and department of any individual responsible for monitoring and ensuring compliance with such written procedures:

Name	Title	Department

9. Describe the procedure for responding to an excess of limit demand: _____

10. Describe the procedure for responding to an excess of limit verdict: _____

11. Provide the name, title, and department of any individual responsible for the receipt of notice on behalf of the **Applicant** of any demand made or claim or suit brought against the **Applicant** that includes allegations of bad faith in claim handling or any violation of any unfair claim practices statute or similar law (e.g., *Head of Claims, Corporate Secretary, General Counsel, Risk Manager, or others*) (Control Persons):

Name	Title	Department

12. Describe the process for identifying and transferring bad faith or E&O claims to the parties responsible for their handling: _____

13. Does the **Applicant** use any specialized defense counsel for bad faith or E&O claims?..... Yes No

14. Does the **Applicant** have a process for evaluating a bad faith or E&O claim at its conclusion?..... Yes No

15. Is follow-up training provided to the claim staff as a result of such evaluation? Yes No

16. Do any facultative or reinsurance treaty contracts provide coverage for punitive or extra-contractual damages? Yes No

III. CLAIM DEPARTMENT OPERATIONS INFORMATION

17. Provide the following staffing numbers for the **Applicant's** home office and field office claim department operations:

Staff	#In the Most Recent FYE	#In the Prior FYE
Claim Officers		
Claim Managers and Supervisors		
Senior Adjusters (Examiners)		
Junior Adjusters (Examiners)		
Administrative and Clerical Staff		
Total		
Average Adjuster Workload (Open Claim Files/Number of Adjusters)		

18. Provide the annual turnover rate for claim personnel, excluding administrative and clerical positions:

Most Recent FYE	Prior FYE	Second Prior FYE

19. With respect to claim personnel, have there been any employee layoffs, terminations, workforce reductions or retirements resulting from any type of organizational restructuring, or office, branch or facility closing during the past five years or are there any anticipated within the next 12 months? Yes No
If Yes, attach an explanation.

20. Indicate the number of field (regional or branch) claim offices of the **Applicant**:

21. What percentage of claims are handled within field offices?%

22. Describe the types of claims that are not handled by field claim personnel, identifying specific classes of business and claim characteristics:
If, in response to Question 22 above, field claim personnel do not refer any claims to your home office claim department, attach an explanation.

23. Does the **Applicant** contract for outside claim adjustment services? Yes No
If Yes, what percentage of claims is handled by outside adjustment services?%
If Yes, are hold harmless agreements made a part of each contract for such outside adjustment services? Yes No

24. Does the **Applicant** grant authority to independent agents, third party administrators or managing general agents to negotiate or settle any claims made under any contracts of insurance? Yes No
If Yes, attach details, including the number of agents or administrators, as well as the name and maximum settlement authority for each.

25. Are outside law firms regularly employed to handle or defend claims? Yes No
If Yes, describe the types of claims regularly handled by outside counsel and the approximate number of claims:

*If Yes, has the **Applicant** established written procedures mandating assignment of outside counsel in matters with potential conflicts of interest or with uninsured excess exposures to any owner, beneficiary, or insured under any contract of insurance?..... Yes No*

26. Does the **Applicant** have a dedicated coverage review team within either their claim or legal department? Yes No
If No, attach the guidelines and process for coverage review.

27. Describe the **Applicant's** process for engaging outside counsel in coverage matters: _____

28. Describe the **Applicant's** guidelines and process for defending policyholders while a declaratory judgment action is pending: _____

29. Has the **Applicant** established a formal training program for all claim adjusters? Yes No
30. Does the **Applicant** require state specific fair claims settlement training? Yes No
If No, attach an explanation.
31. Does the **Applicant** have a claim handling procedural manual? Yes No
If No, describe how claim handling expectations and requirements are communicated to adjusters and other claim handling personnel: _____

- If Yes, does the **Applicant** provide a copy of the claim handling procedural manual to all claim adjusters? Yes No*
- a. How often are claim adjusters required to review the procedural manual? _____
- b. How often is such manual updated? _____
- c. When was such manual last updated? _____
32. Does the **Applicant** utilize any software for claim assessment or evaluation? Yes No
If Yes:
- a. Describe how the software is utilized within the claim handling process: _____

- b. What influence does the software have in determining settlement values? _____

- c. Does compliance with the usage of such tools impact adjuster performance appraisals? Yes No
33. Has the **Applicant** established written procedures for claim file documentation? Yes No
If No, attach an explanation.
34. Does the **Applicant** conduct large loss reviews? Yes No
If No, attach an explanation.
If Yes:
- a. How often are these reviews conducted? _____
- b. Who participates in such reviews? _____
- c. Is management provided with the results of such reviews? Yes No
35. Does the **Applicant** conduct claim file self-audits? Yes No
If Yes:
- a. How often are the audits performed? _____
- b. Who performs the audits? _____
- c. Are the audit findings communicated to adjusters? Yes No
- d. Do the audit results impact adjuster performance appraisals? Yes No
- e. Is a response to the audit findings required? Yes No
- f. Indicate the individuals responsible for reviewing the audit findings: _____

Title	Department

36. Has the **Applicant** established procedures to ensure that all adjusters are properly licensed in accordance with state laws and regulation? Yes No
If No, provide details.

IV. REQUIRED ATTACHMENTS

As part of this Application, submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- List of Directors and Officers of the **Applicant**
- Most recent Annual Convention Statement*
- Most recent Quarterly Convention Statement*
- Most recent Annual Report (Complete Audited Financial Statement)*
- Most recent Interim Financial Statements*
- Most recent 10K and 10Q filed with the SEC, and any other public document filed by the **Applicant** within the last eighteen months, including any certifications related to the accuracy of such public documents, with the SEC, or any similar federal, state, provincial, local or other regulatory agency anywhere in the world.
- Entity organizational chart, including interrelated non-insurance company entities

**Consolidated Financial Statements are preferred. However, if consolidated financial statements are not available for any organization, submit an individual financial statement for such organization.*

F. KIDNAP AND RANSOM COVERAGE SECTION

I. ORGANIZATION INFORMATION

1. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No
If Yes, attach an explanation.
2. Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? Yes No

II. FOREIGN EXPOSURE

3. Do Directors, Officers, or other employees of the **Applicant** take trips outside the United States and Canada? Yes No
If Yes, provide travel information for the previous 12 months and estimates of the upcoming 12 months:

City and Country of Destination	Number of Trips	Number of Individuals	Average Length of Trips

To enter more information, attach a separate page.

4. Are there any permanent foreign locations of the **Applicant**? Yes No
If Yes, provide both the existing and anticipated foreign locations:

City and Country of Destination	Number of Locations	Type of Operations (i.e., sales, manufacturing)	Number of Employees

To enter more information, attach a separate page.

5. Are steps taken to ensure an Insured Person's safety when traveling outside the United States? Yes No
If Yes, attach an explanation.
6. Are steps taken to ensure the safety of Insured Persons and Premises permanently located outside of the United States? Yes No
If Yes, attach an explanation.

G. CYBER COVERAGE SECTION

I. COMPUTER & NETWORK SECURITY

1. What position is responsible for information security? (e.g.: Chief Security Officer) _____
a. To what position within the organization does this person report? _____
2. With respect to computer systems, does the **Applicant** have (select all that apply):
 Secondary / backup computer system Business continuity plan Disaster recovery plan
 Incident response plan for network intrusions and virus incidents
If a secondary / backup system is in place, how long before this system is operational? _____
3. Which of the following does the **Applicant** currently have in place (select all that apply):
 Up-to-date, active firewall technology Updated anti-virus software active on all computers and networks
 Patch management procedures Intrusion detection software
 Multi-Factor login for privileged access Valuable / Sensitive Data Backup procedures
 Remote access limited to VPN Procedure to test or audit network security controls

PERSONNEL POLICIES AND PROCEDURES AND VENDOR MANAGEMENT:

4. Is employee training conducted regarding security issues and procedures? Yes No
5. Is computer access terminated when an employee leaves the company? Yes No
6. Are procedures in place regarding the creation and periodic updating of passwords? Yes No
7. Are background checks conducted on prospective employees? Yes No
8. Are service providers required to demonstrate adequate security policies and procedures? Yes No
9. Do contracts with service providers include hold harmless and indemnification agreements? Yes No
10. Does the Applicant currently use a Cloud Service Provider in the course of business operations? Yes No

II. INFORMATION SECURITY

11. Which of the following types of data does the **Applicant** collect, receive, process, transmit, or maintain as part of its business activities?
 Credit/Debit Card Data Medical Information Bank Accounts and Records
 Social Security Numbers Employee/HR Information Intellectual Property of others
12. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? _____
13. If applicable, is Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes No N/A
a. Total number of annual credit card transactions: _____
14. If applicable, is **Applicant** currently HIPAA compliant? Yes No N/A
15. Does the **Applicant** encrypt private or sensitive information (*if Yes, select all that apply*): Yes No
 Data at rest Data in transit Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.)

III. WEBSITE AND CONTENT INFORMATION

16. Does the **Applicant** have a written intellectual property clearance procedure for content disseminated via the **Applicant's** website? Yes No
17. Were any trademarks acquired from others in the past 3 years screened for infringement? Yes No N/A

18. Does the applicant have formal policies or procedures to/for:
- a. Avoid the posting of improper or infringing content? Yes No
 - b. Editing or removing controversial, offensive or infringing content from material distributed, or published by or on behalf of the **Applicant**? Yes No
 - c. Obtain parental permission for collecting data regarding children who use website? Yes No N/A
 - d. Respond to allegations that content created, displayed or published by the **Applicant** is libelous, infringing, or in violation of a third party's privacy rights? Yes No

IV. REQUIRED ATTACHMENTS – CYBER

- Most current audited or annual financial statements if annual revenues exceed \$10,000,000 or requested Limit of Liability for Network and Information Security Liability coverage exceeds \$3,000,000.

H. IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE SECTION

I. ORGANIZATION INFORMATION

- 1. Does the **Applicant** maintain privacy policies pertaining to employee information? Yes No
- 2. Does the **Applicant** have loss prevention or loss mitigation protocols for addressing a potential information breach? Yes No

II. CONTACT INFORMATION

Contact Name	Email	Phone

I. COMPENSATION NOTICE

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.

J. 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 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.

K. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. TRAVELERS IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

TRAVELERS IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF ANY POLICY THAT TRAVELERS MAY ISSUE TO THE APPLICANT, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, WILL BE THE BASIS OF THE INSURANCE AND WILL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. TRAVELERS WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(President or CEO)

Name (Printed)

Title

Date

L. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature*

Producer Name (Printed)

Agency Name

Agency Code

License Number

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND 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 ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE
PRODUCER'S ELECTRONIC SIGNATURE AND ACCEPTANCE