

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): _____
2. Does the **Applicant** currently file, or does it anticipate filing in the next 6 months, any documents with the Securities and Exchange Commission or similar foreign authority regarding any equity or debt securities? Yes No

II. ORGANIZATION INFORMATION

1. In the next 12 months (or during the past 12 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
 - a. Any actual or proposed merger, acquisition, or divestiture? Yes No
 - b. Any creation of a new business, subsidiary, or division? Yes No
 - c. Any registration for a public offering or a private placement of securities (stocks or bonds)? Yes No
 - d. Any reorganization or arrangement with creditors under federal or state law? Yes No
 - e. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes No

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.

2. Indicate dates and by whom the last 3 regulatory examinations were made (excluding compliance and EDP exams):

Date:			
By:			

Attach a separate schedule for each deposit taking institution.

3. Have any Cease and Desist Orders, Consent Orders, Memorandums of Understanding, Letters of Agreement, Supervisory Agreements, Specific Action Directives, or other restrictive controls been issued, discussed, or adopted within the past 3 years or are there any now pending? Yes No
If Yes, attach full details.
4. a. State the total dollar amount of loans to Directors, Officers, other insiders and their interests.

Attach a separate schedule for each deposit taking institution.

\$ _____

- b. Are any loans or other extensions of credit to Directors, Officers, other insiders or their affiliates 90 days past due or have any been classified by any regulatory agency? Yes No
 If Yes, please attach full details.

5. a. State the total amount of all loans and other assets classified as substandard, doubtful or loss or their equivalent for each of the last 12 months:

Year	Substandard	Doubtful	Loss	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

- b. Are these amounts greater than the amounts so classified by regulators in the last regulatory examination? Yes No
 If No, please attach full details.

Attach a separate schedule for each deposit taking institution.

6. During the past 12 months, has any Director or Officer been alerted to any of the following conditions:

- a. Concentration of credits which warrant reduction or correction? Yes No
 b. Extensions of credit which exceed the legal lending limit? Yes No
 c. Problems involving extensions of credit to Directors, Officers, employees, other insiders or their related interests? Yes No
 d. Any violations of laws or regulations? Yes No

If any of the questions above were answered Yes, please attach full details.

7. Have there been any changes in the Board of Directors or senior management of the **Applicant** within the past 3 years for reasons other than death or retirement? Yes No
 If Yes, attach an explanation.

8. During the past 3 years has there been a change in ownership of any **Applicant** or of the controlling holding company that resulted in a change in ownership of 10% or more of the outstanding voting stock? Yes No
 If Yes, attach full details.

9. If the **Applicant** is a mutual association, has a conversion of mutual ownership to stock ownership been considered in the past or is such a conversion being contemplated within the next 12 months? Yes No

10. Has the **Applicant** purchased any loans or "books" of loans originated by other lenders during the past 12 months? Yes No
 If Yes, please attach full details.

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

	Most Recent FYE (Month/Year) (____/____)	Prior FYE (Month/Year) (____/____)	Projected FYE (Month/Year) (____/____)
Total Assets	\$	\$	\$

12. Percentage of **Applicant's** total revenue derived from foreign sources: _____ %
 13. Estimated percentage of **Applicant's** total revenue derived from or dependent upon website or Internet: _____ %

III. EMPLOYEE INFORMATION

1. Total number of employees*: _____
 2. Complete the following chart 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**

3. Total number of employees* outside the U.S.? _____
4. Locations:
- a. Main Office of the **Applicant** _____ 1
- b. All other locations of the **Applicant**
Include branches, facilities, loan production offices, mobile branches. + _____
- c. Total number of locations: = _____
5. 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. AUDITOR INFORMATION

1. Has the **Applicant** changed outside auditors in the last 12 months? N/A Yes No
If Yes, please attach an explanation.
2. Has any auditor issued a "going concern" opinion for the **Applicant's** financial statements during the past 12 months? N/A Yes No
If Yes, please attach an explanation.

V. REQUESTED INSURANCE TERMS

LIABILITY COVERAGES

1. Does the **Applicant** desire any changes to the expiring limit or retention of any Liability Coverage? Yes No
If Yes, please indicate the desired changes in the table below:

Liability Coverage	Expiring Limit (A)	Requested Limit (B)	Expiring Retention (C)	Requested Retention (D)
Directors and Officers Liability	\$	\$	\$	\$
Employment Practices Liability	\$	\$	\$	\$
Fiduciary Liability	\$	\$	\$	\$
Financial Institution Professional Liability				
Lender Liability	\$	\$	\$	\$
Professional Services Liability	\$	\$	\$	\$
Trust Services Liability	\$	\$	\$	\$

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

2. Solely with respect to any higher limit requested or that may ultimately be issued for the proposed renewal, 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? Yes No
If Yes, please attach an explanation.

Solely with respect to any portion of the Limit for Liability Coverage(s) in the proposed policy that exceeds the amount of the Expiring Limit for such Liability Coverage(s) in the expiring policy, 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.

KIDNAP AND RANSOM

3. Does the **Applicant** desire any changes to the expiring policy limits of insurance or retentions? Yes No
 If Yes, please indicate the desired changes in the tables below:

Kidnap and Ransom Coverage Requested Limit	Requested Retention
\$	\$

BOND COVERAGE

4. Does the **Applicant** desire any changes to expiring bond coverages, limits of insurance or retentions? Yes No
 If Yes, indicate the desired changes.

CYBER COVERAGE

5. Does the Applicant desire any changes to the expiring policy limit or retention? Yes No
 If Yes, please indicate the desired changes in the table below:

Expiring Limit (A)	Expiring Retention	Requested Limit (B)	Requested Retention
\$	\$	\$	\$

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

6. Solely with respect to any new or higher limits requested or that may ultimately be issued for the proposed renewal, 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 this CyberRisk Policy? Yes No
 If Yes, please attach an explanation.

Solely with respect to any portion of the Limit for this CyberRisk Policy in the proposed policy that is new or exceeds the amount of the Expiring Limit for this CyberRisk Policy in the expiring policy, 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.

IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGES

Identity Fraud Expense Reimbursement Coverage Requested Limit	Requested Retention
\$ 1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>	\$ 0 <input type="checkbox"/> \$250 <input type="checkbox"/>
\$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>	\$100 <input type="checkbox"/>

B. DIRECTORS AND OFFICERS LIABILITY COVERAGE SECTION

I. ORGANIZATION INFORMATION

1. In the past 12 months has there been, or in the next 12 months do you anticipate, any change in any of the following:
- a. The number of shareholders? Yes No
 - b. Shareholders that own(ed) greater than 5% of any class of security or class of shares outstanding? Yes No
 - c. The number of shares outstanding? Yes No
- If any of the questions above were answered Yes, please attach an explanation.
2. Have there been any changes in the Board of Directors or Senior Management of the **Applicant** within the past 12 months for reasons other than death or retirement? Yes No
 If Yes, please attach an explanation.

3. Are there currently outstanding loans to any Director or Officer? Yes No
If Yes, please attach an explanation.

II. REQUIRED ATTACHMENTS – DIRECTORS AND OFFICERS LIABILITY

As part of this Application, please 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**
- Any Private Placement Memorandum or any documents filed with the Securities and Exchange Commission in the past year

C. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

I. EMPLOYEE INFORMATION

1. Complete the following chart providing the *maximum* number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

Leased	Temporary	Seasonal	Union

2. Complete the following chart providing employee information for the **5 states or foreign countries** with the greatest number of **Applicant** employees (*attach a separate sheet if necessary*):

State or Foreign Country	Number of Employees

3. Complete the following chart providing employee turnover figures for each of the last 3 years:

Number of Terminations	Year - 20__	Year - 20__	Year - 20__
Voluntary			
Involuntary (excluding layoffs/downsizing)			
Layoffs/Downsizing			

4. Within the past 24 months how many officers have been involuntarily terminated or laid off? _____
5. Prior to employee terminations does the **Applicant** consult with:
- a. Human Resources personnel? Yes No
- b. An attorney with experience in employment law? Yes No

II. HUMAN RESOURCES

1. During the past 12 months, has the **Applicant** made amendments to any Human Resources policies or procedures or Employee Handbook? Yes No
If Yes, please provide copies of such policies or procedures or handbook.
- a. If Yes, were the changes reviewed by legal counsel? Yes No

III. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY

As part of this Application, please 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 **Applicant** has 1,000 or more employees, most recent EEO-1 report
- If **Applicant** layoffs are either 10% of the workforce or more than 100 employees, complete the Downsizing

D. FIDUCIARY LIABILITY COVERAGE SECTION

I. PLAN DATA

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

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

* Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach explanation

** Active (A) Frozen (F) Sold (S) Terminated (T) – Include date of freeze, sale or termination

List any additional plans on a separate attachment.

II. PLAN UNDERWRITING QUESTIONS

1. 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, please attach an explanation.

2. Has any plan (a) been the subject of an investigation by the DOL, 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, please attach an explanation.

3. If any plan is a defined benefit plan, has such plan (a) experienced an event reportable to the PBGC; (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? N/A Yes No
If there are no defined benefit plans, please check “N/A”.
If Yes, please attach an explanation.

4. 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 2 years or is any such merger, termination or sale anticipated in the next 12 months? Yes No
If Yes, please attach an explanation detailing the implementation, disclosure and any relevant blackout periods.

5. 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, please attach an explanation.

6. 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, please attach an explanation.

7. Please provide the name(s) of firm(s) providing the following services:

CPA	Attorney	Actuary	Investment Advisor

III. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY

As part of this Application, please 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
- Employer Securities Supplemental Application, if any plan is an ESOP or if any other defined contribution plan invests in employer securities
- Most recent 5500 of all plans

E. FINANCIAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE SECTION

I. LENDER LIABILITY COVERAGE

Please complete this section only if the **Applicant** is requesting Lender Liability Coverage.

1. Indicate if the **Applicant** engages in any of the following:

Description	Current Amount
Out of territory lending greater than 25% of total loans	\$
Loan participations originated by third parties in which the Applicant participates	\$
Loan participations originated by the Applicant , with recourse, in which third parties participate	\$
Construction lending for speculative buildings or homes	\$
Construction lending without firm take-out commitments	\$
Dealer floor planning	\$
Subprime lending	\$
“Payday” lending	\$
Origination of loans solicited by mortgage brokers or other third party loan or lease producers	\$
Origination and sale of loan securitizations	\$

II. PROFESSIONAL SERVICES LIABILITY COVERAGE

Please complete this section only if the **Applicant** is requesting Professional Services Liability Coverage.

1. Provide the following information regarding Professional Services:

Description of Professional Service	Does the Applicant Offer the Described Professional Service? (Yes or No)	Does the Applicant Offer the Described Professional Service through a Third Party Vendor? (Yes or No)	Annual Gross Fee Income or Revenue for the Described Professional Service (include Amounts Generated through a Vendor)
Data Processing Services for Third Parties	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$
Insurance Agent or Broker Services in connection with Credit Life, Accident and Disability Insurance	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$

Insurance Agent or Broker Services in connection with Life and Health Insurance	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$
Insurance Agent or Broker Services in connection with Property and Casualty Insurance	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$
Investment Adviser or Financial Planning Services	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$
Miscellaneous Consumer Banking Services (including wire transfer services, certified checks, notary services, signature guarantees, safe deposit boxes, but not including loans, leases or extensions of credit)	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$
Real Estate Services	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$
Security Broker or Dealer Services	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$
Loan servicing on behalf of third parties for loans not owned by the Applicant	<Yes or No> Number of Years Continuously Offered: <#>		Most recent year: \$ Prior year: \$

For each Professional Service provided through a third party vendor, as a separate attachment please list the names of such third party vendors and the professional service they provide. If the **Applicant** offers Investment Adviser or Financial Planning Services, or Security Broker or Dealer Services, but does not do so through a third party vendor, complete the corresponding section in the Financial Institution Professional Liability Supplemental Application (FIPL-1300S-SUP).

2. If the **Applicant** offers any Professional Services not described in the table above, please list such services in the following table:

If there is an attachment, check here .

Description of Professional Service and the Number of Years such Service has been Continuously Offered	Does the Applicant Offer the Described Professional Service through a Third Party Vendor? (Yes or No)	Annual Gross Fee Income or Revenue for the Described Professional Service (include Amounts Generated through a Vendor)
		Most recent year: \$ Prior year: \$
		Most recent year: \$ Prior year: \$

3. During the past twelve months, has the **Applicant** implemented any material changes to the contracts or written policies or procedures that govern the performance and administration of its services, including any material changes to, if applicable, its contracts with its third party vendors? Yes No
If Yes, please attach full details.
4. For all services offered, has the **Applicant** been required to comply with any judicial or administrative agreement, order, decree or judgment, or has any director or officer been alerted to any violations of laws or regulations, within the past 12 months or are any now pending? Yes No
If Yes, please attach full details.

III. TRUST SERVICES LIABILITY COVERAGE

Please complete this section only if the **Applicant** is requesting Trust Services Liability Coverage.

1. Does the **Applicant** have a Trust Department? Yes No
If Yes, please answer question 2 and complete the corresponding section in the Financial Institution Professional Liability Supplemental Application (FIPL-1300S-SUP).
2. Provide the Total Assets under the Trust Department's management for the most recent three years in each respective category below (include consolidated Applicant information):

Year	Custodial Accounts*	Non-Discretionary Accounts**	Managed/Discretionary Accounts***	Total Assets Under Management
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

*Trust Department has no investment or managerial responsibilities

**Trust Department does not have investment discretion

***Trust Department has investment discretion

IV. REQUIRED ATTACHMENTS

As part of this Application, please 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
- Copy of the **Applicant's** most recent annual audit or director's exam and management letter and the **Applicant's** responses to any recommendations made therein

F. KIDNAP AND RANSOM COVERAGE SECTION

I. ORGANIZATION INFORMATION

1. Has the **Applicant** materially changed its operations (e.g., new products and services) in the past 12 months? Yes No
If Yes, please attach an explanation.
2. Has the **Applicant** materially changed its safety procedures as respects employee travel outside the United States in the past 12 months? Yes No
If Yes, please attach an explanation.
3. 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

1. Update the foreign travel (outside the United States and Canada) of the Directors, Officers and other employees for the past 12 months and anticipated in the next 12 months:

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

To enter more information, please attach a separate page to the Application.

2. Update the permanent foreign location (outside the United States and Canada):

City and Country	# of Locations	Type of Operation (i.e. Sales, Manufacturing)	# of Employees

To enter more information, please attach a separate page to the Application.

G. BOND COVERAGE SECTION

I. PROPOSED ADDITIONAL INSUREDS (OTHER THAN APPLICANT)*

1. Complete the following table indicating all additional entities for which coverage is requested:

Name of Entity	Description of Operations and Relationship to Applicant

To enter more information, please attach a separate page or an organization chart.

***IMPORTANT NOTE: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.**

II. BOND EXPOSURE AND INTERNAL CONTROL INFORMATION

1. If coverage is desired for servicing contractors, automated teller machines or safe deposit boxes, provide total number of:

- a. Servicing contractors _____
- b. Automated teller machines _____
- c. Safe deposit boxes _____
- d. Locations offering safe deposit boxes _____

2. Has the **Applicant** changed or eliminated any of the internal controls set forth in the most recent long form bond coverage application? Yes No

If Yes, attach full details.

III. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents:

- Copy of **Applicant's** most recent annual audit or director's exam and management letter and the **Applicant's** responses to any recommendations made therein

H. CYBER COVERAGE SECTION

I. CYBER SECURITY INFORMATION

1. Has there been a change to the position that is responsible for information security? Yes No
If Yes, please attach an explanation.
2. Have there been any material changes to policies or procedures relating to oversight of website or other electronic material? If Yes, please attach an explanation. Yes No
3. Have there been any material changes to security policies or procedures provided to employees? Yes No
If Yes, please attach an explanation.

4. Does the Applicant currently use a Cloud Service Provider in the course of business operations? Yes No
- a. Cloud Provider currently under contract: _____
5. 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? _____
6. 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
7. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? _____
8. If applicable, is **Applicant** currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes No N/A
9. If applicable, is **Applicant** currently HIPAA compliant? Yes No N/A
10. 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.)

II. REQUIRED ATTACHMENTS – CYBER

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 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.

I. IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE SECTION

I. CONTACT INFORMATION

Contact Name: _____

Email: _____ Phone: _____

J. 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.

K. 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.

L. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, CFO, 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.

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, CEO or CFO)

Name (Printed)

Title

Date

***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

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

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number