



Travelers 1<sup>st</sup> Choice<sup>SM</sup>  
ACCOUNTANTS PROFESSIONAL LIABILITY COVERAGE  
SHORT FORM RENEWAL APPLICATION

Traveler Casualty and Surety Company of America  
Hartford, Connecticut

**Important Note:** This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

**NY Defense Expenses Notice:** If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Throughout this application "you" and "your" means the entity or individual applying for this insurance.

**APPLICANT INFORMATION**

- 1. Current Travelers policy number: \_\_\_\_\_
- 2. Policy expiration date: \_\_\_\_\_  
mm/dd/yyyy
- 3. Your full legal name: \_\_\_\_\_
- 4. Your "trade name" or "doing business as" name: \_\_\_\_\_
- 5. Has your primary location changed in the past 12 months?.....Yes No  
If yes, please provide new address: \_\_\_\_\_

**GENERAL INFORMATION**

- 6. Has the name or structure of your organization changed, or has there been an acquisition, consolidation, merger, dissolution, or any other change in the past 12 months, or is any change expected in the next 12 months?.....Yes No  
If yes, please provide details: \_\_\_\_\_
- 7. Has the total number of your professional staff changed from last year?.....Yes No  
If yes, please provide details \_\_\_\_\_
- 8. Please provide your gross billable income for the applicable fiscal year.
 

Last Fiscal Year:	Current Fiscal Year:	Next 12 Months Projected:
Ending: __/__/__	Ending: __/__/__	Ending: __/__/__
\$ _____	\$ _____	\$ _____
- 9. Has your status as either a full-time or part-time operation changed?.....Yes No  
A. If part-time, are you engaged in any other occupation(s)?.....Yes No
- 10. Do you provide professional services other than those provided as a bookkeeper, tax preparer, or Enrolled Agent?.....Yes No  
If yes, please provide details: \_\_\_\_\_
- 11. Since the completion of your last application, has there been a change of 25% or more in your areas of practice?.....Yes No

12. Please indicate the following areas of practice that have generated revenue for your firm:

- |  |  |
|--|--|
| <input type="checkbox"/> Electronic Data Processing Services         | <input type="checkbox"/> Securities                |
| <input type="checkbox"/> Management Advisory Services                | <input type="checkbox"/> Investment Advice         |
| <input type="checkbox"/> Personal Financial Planning                 | <input type="checkbox"/> Registered Representative |
| <input type="checkbox"/> Mergers & Acquisitions                      | <input type="checkbox"/> Audits                    |
| <input type="checkbox"/> Life Insurance Agent                        | <input type="checkbox"/> Trustee                   |
| <input type="checkbox"/> Forecasts & Projections                     | <input type="checkbox"/> Business Valuations       |
| <input type="checkbox"/> Forensic Accounting                         | <input type="checkbox"/> Consulting                |
| <input type="checkbox"/> Other fiduciary services (please describe): |  |

\_\_\_\_\_

13. Since the completion of your last application, have you or any members of your firm had their accounting license suspended or revoked, or been subject to any investigation by any board of accounting, AICPA, SEC, state CPA society or any other governmental agency or court, or been subject to any reprimand, criminal penalty or fine, including a tax preparer's fine, or been convicted of any felony charge or are you currently under indictment, or has there been a change in the status of a disciplinary complaint disclosed on a previous application?.....Yes No  
If yes to any of the above, please provide details:\_\_\_\_\_

**CLAIM HISTORY**

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14. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission that is or could be the basis of a professional liability claim, or has there been a change in the status of any claim reported within the past five years to any other insurance company?.....Yes No  
If yes, please complete a Claim, Suit, or Incident Supplement for each such incident, act, error, omission, or claim.

**COMPENSATION NOTICE**

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**Important Notice Regarding Compensation Disclosure**

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, Enterprise Development, One Tower Square, Hartford, CT 06183.

**FRAUD WARNINGS**

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**Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH**

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

**Attention: Insureds in FL**

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 felony of the 3<sup>rd</sup> degree, and may also be subject to a civil penalty.

**Attention: Insureds in ME, TN, VA, and WA**

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.

**Attention: Insureds in PA**

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.

**SIGNATURE AND AUTHORIZATION**

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

\_\_\_\_\_  
Signature (Partner, Member, Officer, Shareholder)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\*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.

**Electronic Signature and Acceptance**

**Important note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

**INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:**

Submitting agency name

Direct

Sub-produced

Address (street, city, state, zip code)

Phone

Fax

Email

Licensed producer name

License number

***ADDITIONAL INFORMATION:***

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In the section below you may provide additional information to any of the questions in this application (please reference the question number).