

Name of Insured	Proposed Effective Date
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1. Number of employed nurses:

Jail Nurses	Full-time:	Part-time:
Nurses - Other	Full-time:	Part-time:

2. Number of hours worked by all nurses in one day (24 Hr. period):

Jail Nurses:	Nurses - Other:
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3. Describe the type of services provided:

Jail Nurses:	
Nurses - Other:	

4. What license(s) are held?

Jail Nurses:	
Nurses - Other:	

5. Describe any continuing education requirements or program:

Jail Nurses:	
Nurses - Other:	

6. Are you responsible for providing medical professional liability insurance for your nurses?

Jail Nurses	Yes	No	
Nurses - Other	Yes	No	

If not, please provide their insurance information:

Jail Nurses	Nurses - Other
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7. For non-jail nurses: List the departments where they are employed:

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: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For all other applicable state fraud warnings, please see the main application.

Signature	Date
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Important Notice Regarding Compensation Disclosure

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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.