



FINANCIAL INFORMATION SUPPLEMENT
PUBLIC SECTOR SERVICES

Name of Insured	Proposed Effective Date
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FINANCIAL INFORMATION

What is your latest bond rating (<i>Moody's or Standard & Poor's</i>)	What was (were) your previous bond rating(s)?
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Please attach a complete copy of the Entity's current budget (including General, Special Revenue, Enterprise, Capital Improvement and Debt Service Funds).

1. What has been the total budget for the past three years?

Year	Revenues	Expenditures	

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

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