

COVERAGES

- *1. Proposed Effective Date _____
- 2. Proposed Expiration Date _____
- *3. Date Quote is Needed..... _____
- *4. Bid Date _____
- 5. Are you requesting any deductible in excess of \$25,000 for any of the following lines of business:
 Auto Liability, General Liability, Law Enforcement Liability, Public Entity Management Liability or Employment
 Practices Liability? Yes No
 - a. OR Is any aggregate deductible requested? Yes No
 - b. OR Will this account include a self-insured retention? Yes No

If yes to any of the above, complete the Large Account Supplement found under the Misc Forms.

Coverage	Check if Requested	Coverage	Check if Requested
Auto (Auto Liability, Auto Physical Damage, Limited Transit)	<input type="checkbox"/>	Inland Marine	<input type="checkbox"/>
Crime	<input type="checkbox"/>	Law Enforcement Liability	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	Property	<input type="checkbox"/>
Equipment Breakdown	<input type="checkbox"/>	Public Entity Management Liability	<input type="checkbox"/>
General Liability		Umbrella	<input type="checkbox"/>
		Other Coverage	



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.