

GENERAL INFORMATION

*Denotes required field

*Type: New Renewal *Previous Application (Renewal only) _____

*Name of Insured	*Federal ID Number	*Phone	Fax	*Proposed Effective Date
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*Address (Street, City, Zip Code)	*State	*County
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*Type of Public Entity: City, Town, Township, State, Special District, County, Utility (describe), other special district/agency (describe)	*Current Population
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Please describe utility or other special district/agency, public entity type

*Entity Contact	Entity Web Address	*Phone
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Financial / Accounting Contact	Phone
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AGENCY AND AGENT INFORMATION*Are you a surplus lines agent? Yes No

*Name of Agent/Broker Contact	*E-mail Address
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Name of Agency / Brokerage	Producer License No.	*Phone
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Address (Street, City, State, Zip Code)	*Fax
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CLAIM HISTORY***Please attach currently valued insurance company loss runs containing date of loss, paid loss and loss expense, reserved loss and loss expense and description of loss by line for the past 5 years.***



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.