



THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s): Today's Date:
Mailing Address:
Type of Legal Entity:
Proposed Effective Date (mm/dd/yyyy): Proposed Expiration Date (mm/dd/yyyy): Date Business Started:

EMPLOYEE BENEFIT INFORMATION

- 1. Proposed retroactive date:
2. Deductible:
3. Number of employees:
4. Each employee limit of insurance: Aggregate limit of insurance:
5. Losses and known acts, errors, or omissions, which may result in claims being made under this insurance in the last 5 years (If none, please identify "None"):
6. Employee benefits provided: Please mark "I" for insured plans and mark "S" for self-funded or self-insured plans.
7. Name and title of the person responsible for the management of your employee benefit program:
8. Are all personnel who counsel employees about benefits familiar with the details of the program identified in question 6?
9. Are all personnel who counsel employees about benefits familiar with COBRA requirements?
10. Are all programs in compliance with COBRA requirements?
11. Do you administer any benefit plans for others?

12. Have you rejected the Workers Compensation Acts in any state? Yes No
 If yes, please identify what state and describe if you offer an alternative benefit packages: _____

13. For optional employee benefits, are rejections, either signed or electronic, required and kept on file? Yes No

Your employee benefits liability policy does not apply to taxes, fines, or penalties imposed under the Internal Revenue Code or any similar state or local law or loss or damages arising out of the imposition of such taxes, fines, or penalties.

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.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

ARKANSAS, DISTRICT OF COLUMBIA., MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

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, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

SIGNATURES

Authorized Representative Signature*: X	Authorized Representative Name:	Date:
Producer Signature*: X	State Producer License Number (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you 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 – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.