Travelers Casualty and Surety Company of America

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

DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND RETENTION, AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

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

<table>
<thead>
<tr>
<th>Proposed First Named Insured &amp; Other Named Insured(s):</th>
<th>Today's Date:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Proposed Effective Date (mm/dd/yyyy):</th>
<th>Proposed Expiration Date (mm/dd/yyyy):</th>
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ADJUSTER LIABILITY QUESTIONS

1. Check all that apply. (Total must equal 100% based on revenue.)
   - Independent Adjuster: .......................................................... %
   - Public Adjuster: ................................................................. %
   - Specialist Adjuster (e.g. Catastrophe Adjuster or Average Adjuster): ................................................... %
     Describe Specialty: ___________________________________________
   - Staff Adjuster: ................................................................. %
   - Claim Administration: ......................................................... %
   a. What percent of the above professional services is derived through use of independent contractors? .............................................. %
   b. Do you provide professional services that are not provided in conjunction with the settlement of insurance claims (For example: attorney, fire investigator, or third-party administrator)? ................... Yes ☐ No ☐
     If yes, please describe such services and provide details of any professional liability insurance covering these activities in the Additional Information section at the end of this Application.

2. Indicate the approximate number of claims adjusted in the past 12 months: _______________________

3. Indicate the approximate percentage of total claims adjusting activities over the past 12 months for each of the following categories listed below (total must equal 100% based on revenue):
   - Aviation: ......................................................................................... %
   - Commercial Lines Liability: .............................................................. %
   - Commercial Lines Property: ............................................................... %
   - Environmental Liability: .................................................................. %
   - Liquor Liability: ............................................................................. %
   - Ocean Marine: ................................................................................ %
   - Personal Lines: ................................................................................ %
   - Petroleum Liability: ......................................................................... %
Professional Liability Medical: ............................................................. %
Professional Liability Nonmedical: .................................................. %
Workers Compensation: ................................................................. %
Other - please specify: ...................................................................... %

4. Do you handle claims involving mold determinations or settlements? ................................................... □ Yes □ No
   
If yes, please provide details in the Additional Information section at the end of this Application.

5. Explain your procedures for addressing potential mold exposures when investigating or settling a claim involving water or moisture damage in the Additional Information section at the end of this Application.

6. Do you work as an independent contractor for any national adjusting firm? ........................................... □ Yes □ No
   
   a. If yes, please indicate name of firm(s): ___________________________________________________________
   
   b. Indicate the percentage of your total revenue derived from work for such firms: ____________________%

7. Do you make insurance coverage determinations? ................................................................................. □ Yes □ No
   
If yes, is this authority defined in writing from the insurance carriers? ...................................................... □ Yes □ No
   
   If no, please explain how authority is defined in the Additional Information section at the end of this Application.

8. Do you issue reservation of rights or declination of coverage letters? ..................................................... □ Yes □ No
   
If yes, is authority to do so defined in writing from the insurance carrier? ................................................ □ Yes □ No
   
   If no, explain how authority is defined in the Additional Information section at the end of this Application.

9. Do you obtain the insurer’s advice prior to denying a claim or making a compromise settlement if authority to do so has not already been granted in writing by the insurer? ........................................... □ Yes □ No

10. Do you manage or provide services to any self-insurance program or risk retention group? ................... □ Yes □ No
    
    If yes, please describe all such services in the Additional Information section at the end of this Application.

11. Do you contact the claimant prior to entering private property? ............................................................. □ Yes □ No

12. Do you always obtain a copy of the insurance policy or a summary of coverage from the insurer prior to adjusting a claim? .............................................................................................................. □ Yes □ No

13. Do you use individual written agreements signed by the clients for each claim adjusted, or a master agreement for claims adjusting services for whom you provide continuous or ongoing services? ........ □ Yes □ No

14. Do you adjust claims in the state of California? ...................................................................................... □ Yes □ No
    
    If yes, have you established written procedures or standards to comply with California’s Claims Settlement Practices Regulation? ........................................................... □ Yes □ No

15. Do you ever contract with independent contractors to assist in the claims handling process? ................... □ Yes □ No
    
    a. Verify that these independent contractors have professional liability insurance? ......................... □ Yes □ No
    
    b. Verify experience or training of all such independent contractors? ................................................ □ Yes □ No
    
    c. Verify that all such independent contractors are properly licensed adjusters? ............................. □ Yes □ No

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in 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.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damaged or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

I acknowledge that this document is to be read in conjunction with the core application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the core application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Authorized Representative Signature:*  
(Chairman, President or CEO)  

Authorized Representative Name - Printed:  

Title  

Date:  

*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and 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

PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature: *  

Producer Name - Printed:  

Agency Name:  

Agency Code:  

License Number:  

ADDITIONAL INFORMATION

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