



Travelers Casualty and Surety Company of America

**NOTICE**

ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

**Applicant** means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

**A. COMMON SECTION**

**I. GENERAL INFORMATION**

1. **Applicant** Information:

Name of **Applicant**: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

**II. ORGANIZATION INFORMATION**

1. Asset or Equity Acquisition or Offering Information:

In the next 12 months (or during the past 12 months) does the **Applicant** have under consideration:

a. Any acquisition, tender offer, merger, consolidation, or divestiture; or purchase or sale of assets exceeding 30% of consolidated assets? Yes  No

b. Any offers (including tender offers) or negotiations to purchase 5% or more of any class of voting stock? Yes  No

c. A private or public offering of its securities? Yes  No   
*If Yes, please attach full details, including the prospectus or private placement memorandum.*

d. Any branch, location, facility, office or subsidiary closings, consolidations or layoffs? Yes  No

*If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.*

**III. EMPLOYEE INFORMATION**

1. Total number of employees\*: \_\_\_\_\_

2. Total number of employees\* outside the U.S.? \_\_\_\_\_

3. Total number of locations: \_\_\_\_\_

4. Complete the following chart providing the number of Full Time and Part Time employees\*, Volunteers and natural person Independent Contractors:

As of Date of Application		Previous 12 Months		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors

*\*Full and part time including leased, seasonal, and temporary employees*

**IV. REQUESTED INSURANCE TERMS**

**LIABILITY COVERAGES**

1. Does the **Applicant** desire any changes to the expiring limit or retention of any Liability Coverage? Yes  No   
 If Yes, please indicate the desired changes in the table below.

Liability Coverage	Expiring Limit (A)	Requested Limit (B)	Expiring Retention (C)	Requested Retention (D)
Directors, Officers and Organization Liability	\$	\$	\$	\$
Employment Practices Liability	\$	\$	\$	\$
Fiduciary Liability	\$	\$	\$	\$

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

2. Solely with respect to any higher limit requested or that may ultimately be issued for the proposed renewal, is the **Applicant**, or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage? Yes  No   
 If Yes, please attach an explanation.

Solely with respect to any portion of the Limit for Liability Coverage(s) in the proposed policy that exceeds the amount of the Expiring Limit for such Liability Coverage(s) in the expiring policy, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

**CRIME, KIDNAP AND RANSOM AND IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGES**

1. Does the **Applicant** desire any changes to the expiring policy limits of insurance or retentions? Yes  No   
 If Yes, please indicate the desired changes in the tables below:

Crime Coverage	Requested Limit	Requested Retention
Fidelity: Employee Theft	\$	\$
Fidelity: ERISA Fidelity	\$	\$
Fidelity: Employee Theft of Client Property	\$	\$
Forgery or Alteration	\$	\$
On Premises (Money, Securities and Other Property)	\$	\$
In Transit (Money, Securities and Other Property)	\$	\$
Money Orders and Counterfeit Money	\$	\$
Computer Crime	\$	\$
Funds Transfer Fraud	\$	\$
Personal Accounts Protection	\$	\$
Claim Expense	\$	\$

Kidnap and Ransom Coverage Requested Limit	Requested Retention
\$	\$

Identity Fraud Expense Reimbursement Coverage Requested Limit	Requested Retention
\$ 1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>	\$ 0 <input type="checkbox"/> \$250 <input type="checkbox"/>
\$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>	\$100 <input type="checkbox"/>

**B. DIRECTORS, OFFICERS AND ORGANIZATION LIABILITY COVERAGE SECTION**

**I. REQUIRED ATTACHMENTS – DIRECTORS, OFFICERS AND ORGANIZATION LIABILITY**

As part of this Application, please submit the following documents:

- Copy of the **Applicant's** most recent Form 10-K, 10-Q, 8-K, proxy statement, and any other registration statement filed with the SEC within the past 12 months

**C. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION**

**I. EMPLOYEE INFORMATION**

1. Complete the following chart providing the *maximum* number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

Leased	Temporary	Seasonal	Union

2. Complete the following chart providing employee information for the **5 states or foreign countries** with the greatest number of **Applicant** employees (*attach a separate sheet if necessary*):

State or Foreign Country	Number of Employees

3. Complete the following chart providing employee turnover figures for each of the last 3 years:

Number of Terminations	Year - 20__	Year - 20__	Year - 20__
<b>Voluntary</b>			
<b>Involuntary</b> (excluding layoffs/downsizing)			
<b>Layoffs/Downsizing</b>			

4. Within the past 24 months how many officers have been involuntarily terminated or laid off? \_\_\_\_\_

5. Prior to employee terminations does the **Applicant** consult with:

- a. Human Resources personnel? Yes  No
- b. An attorney with experience in employment law? Yes  No

**II. HUMAN RESOURCES**

- 1. During the past 12 months, has the **Applicant** made amendments to any Human Resources policies or procedures or Employee Handbook? Yes  No   
*If Yes, please provide copies of such policies or procedures or handbook.*
  - a. If Yes, were the changes reviewed by legal counsel? Yes  No

**III. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY**

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the **Applicant** or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- If **Applicant** has 1,000 or more employees, most recent EEO-1 report
- If **Applicant** is a *contractor*, complete the Construction Supplemental Application
- If **Applicant** layoffs are either 10% of the workforce or more than 100 employees, complete the Downsizing Supplemental Application

**D. FIDUCIARY LIABILITY COVERAGE SECTION**

**I. PLAN DATA**

1. Premium to be paid by: Employer:  Trust or Plan:   
 2. Complete the chart for all plans for which coverage is requested:

Full Plan Name	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current # of Participants	**Plan Status
		\$	\$		
		\$	\$		
		\$	\$		
* Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach explanation					
** Active (A) Frozen (F) Sold (S) Terminated (T) – Include date of termination					

List any additional plans on a separate attachment.

**II. PLAN UNDERWRITING QUESTIONS**

1. Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law, or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits? Yes  No   
*If Yes, please attach an explanation.*
2. Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) filed for an exemption from a prohibited transaction; or (d) received an adverse opinion as to its financial condition by an independent public accountant? Yes  No   
*If Yes, please attach an explanation.*
3. If any plan is a defined benefit plan, has such plan (a) experienced an event reportable to the PBGC; (b) not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard; or (c) been converted into a cash balance plan or is any such conversion expected in the next 12 months? N/A  Yes  No   
*If there are no defined benefit plans, please check "N/A".*  
*If Yes, please attach an explanation.*
4. Has any plan (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past 2 years or is any such merger, termination or sale anticipated in the next 12 months? Yes  No   
*If Yes, please attach an explanation detailing the implementation, disclosure and any relevant blackout periods.*
5. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? Yes  No   
*If Yes, please attach an explanation.*
6. Please provide the name(s) of firm(s) providing the following services:

CPA	Attorney	Actuary	Investment Advisor

**III. EMPLOYER SECURITIES**

Please complete this section only if the **Applicant** sponsors an ESOP or a defined contribution plan that invests in employer securities.

1. Name of plan(s) holding employer securities:  
 \_\_\_\_\_  
 \_\_\_\_\_
2. As a matter of plan design, is company stock required to be offered as an investment alternative? Yes  No

3. If the plan is an ESOP, is it leveraged? N/A  Yes  No   
*If Yes, provide the date, terms and reasons for loan as well as the names of any parties selling shares to the ESOP and list any guarantors of the loan:*
- 
4. Does an independent trustee or other fiduciary not otherwise affiliated with the **Applicant** monitor the plan's stock holdings? Yes  No   
*If Yes, provide the name of all independent trustees or other fiduciaries.*
5. Does the plan allow immediate diversification of contributions made in company stock? N/A  Yes  No   
*If No, please describe if and when diversification is allowed.*
6. Does the plan include a provision for pass-through voting and tendering of allocated employer securities held by the plan and "mirrored" voting and tendering of unallocated employer securities held by the plan? Yes  No   
*If No, please provide an explanation.*
7. Does the plan have percentage caps on the amount of an employee's plan account that can be invested in company stock? Yes  No   
*If Yes, please provide the percentage amount: \_\_\_\_\_ %*

#### IV. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- Plan financial statements for each defined contribution plan, if limit requested is greater than \$5,000,000 and/or the plan invests in employer securities
- Most recent 5500 of all plans

#### E. CRIME COVERAGE SECTION

##### I. PROPOSED ADDITIONAL INSURED(S) (OTHER THAN APPLICANT)\*

1. Complete the following table indicating all additional entities for which coverage is requested:

Name of Entity	Description of Operations and Relationship to Applicant

*To enter more information, please attach a separate page or an organization chart.*

**\*IMPORTANT NOTE: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.**

##### II. EMPLOYEE/LOCATION/EXPOSURE INFORMATION

1. Number of locations outside the United States: \_\_\_\_\_  
*Indicate domicile of each on a separate page.*
2. Indicate the total amount of specified property *INSIDE* the premises for all locations combined:  
 Cash \$ \_\_\_\_\_ Retail Checks\*\* \$ \_\_\_\_\_ Credit Card Receipts \$ \_\_\_\_\_
3. Indicate the total amount of specified property being transported by a messenger *OUTSIDE* the premises for all locations combined:  
 Cash \$ \_\_\_\_\_ Retail Checks\*\* \$ \_\_\_\_\_ Credit Card Receipts \$ \_\_\_\_\_

\*\* *Retail Checks are only those checks that are accepted as immediate payment for retail products or services.*

**III. INTERNAL CONTROLS**

1. Are owners active in the day to day oversight of business operations? Yes  No
2. Does someone other than the person responsible for reconciling bank accounts:
  - Make deposits? Yes  No       Make withdrawals? Yes  No       Sign checks? Yes  No
3. Is countersignature of checks required? Yes  No   
 If Yes, what is the dual signing limit? \$ \_\_\_\_\_
4. Is segregation of duties practiced in the following areas:
  - Inventory management? Yes  No       Cash receipts? Yes  No
  - Vendor approval? Yes  No       Oversight of blank check stock? Yes  No
  - Purchase order approval and payment? Yes  No       Retail checks and credit card receipts? Yes  No
5. Is a physical count of inventory conducted at least annually? Yes  No
6. Are the duties of computer programmers and computer operators separated? Yes  No
7. Do you continue to perform any of the following (*check all that apply*):
  - Prior employment verification? Yes  No       Credit history? Yes  No       Drug Testing? Yes  No
  - Education verification? Yes  No       Criminal history? Yes  No

**IV. REQUIRED ATTACHMENTS - CRIME**

As part of this Application, please submit the following documents:

- Most recent annual financial statement of the **Applicant**
- CPA Management Letter, if prepared, as well as management's response thereto, for limit requests of \$5,000,000 or greater

**F. KIDNAP AND RANSOM COVERAGE SECTION**

**I. ORGANIZATION INFORMATION**

1. Has the **Applicant** materially changed its operations (e.g., new products and services) in the past 12 months? Yes  No   
 If Yes, please attach an explanation.
2. Has the **Applicant** materially changed its safety procedures as respects employee travel outside the United States in the past 12 months? Yes  No   
 If Yes, please attach an explanation.
3. Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? Yes  No

**II. FOREIGN EXPOSURE**

1. Update the foreign travel (outside the United States and Canada) of the Directors, Officers and other employees for the past 12 months and anticipated in the next 12 months:

City and Country of Destination	# of Trips	# of Individuals	Average Length of Trips

*To enter more information, please attach a separate page to the Application.*

2. Update the permanent foreign location (outside the United States and Canada):

City and Country	Number of Locations	Type of Operation (i.e. Sales, Manufacturing)	Number of Employees

*To enter more information, please attach a separate page to the Application.*

## G. IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE SECTION

### I. CONTACT INFORMATION

Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## H. COMPENSATION NOTICE

### 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](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.

## I. FRAUD WARNINGS

### **Attention: Insureds in Alabama, Arkansas, D.C., 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.

### **Attention: Insureds in 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.

### **Attention: Insureds in 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.

### **Attention: Insureds in 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.)

### **Attention: Insureds in 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.

### **Attention: Insureds in Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### **Attention: Insureds in 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 damage 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.

**J. SIGNATURE SECTION**

IT IS AGREED THAT THIS APPLICATION IS A SUPPLEMENT TO ALL OTHER APPLICATIONS PREVIOUSLY SUBMITTED TO THE INSURER IN CONJUNCTION WITH THE UNDERWRITING AND ISSUANCE OF INSURANCE COVERAGE FOR WHICH THIS POLICY IS A RENEWAL OR REPLACEMENT OR OTHERWISE SUCCEEDS IN TIME, AND THOSE APPLICATIONS TOGETHER WITH THIS APPLICATION SHALL CONSTITUTE THE COMPLETE APPLICATION WHICH SHALL BE THE BASIS OF ANY QUOTATION WHICH MAY BE MADE.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (CHAIRMAN, PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT REPRESENTS, AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND REPRESENTATIONS SET FORTH HEREIN ARE TRUE AND ACCURATE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO ACCEPT, OR THE COMPANY TO ISSUE, ANY POLICY OF INSURANCE, BUT IT IS AGREED THAT ALL STATEMENTS, REPRESENTATIONS AND ATTACHMENTS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. ANY POLICY THAT THE COMPANY MAY ISSUE TO THE APPLICANT WOULD BE ISSUED IN RELIANCE UPON THE TRUTH OF ALL SUCH STATEMENTS, REPRESENTATIONS AND ATTACHMENTS AND SHALL BE THE BASIS OF, AND DEEMED ATTACHED TO AND INCORPORATED INTO, ANY POLICY THAT MAY BE ISSUED.

THE COMPANY IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF ANY POLICY THAT THE COMPANY MAY ISSUE TO THE APPLICANT, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATION OF ANY AGREEMENT TO BIND ANY SUCH POLICY OF INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature\* of **Applicant's** Authorized Representative  
(Chairman, President or CEO)

\_\_\_\_\_  
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.**

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

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

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number