



Travelers Casualty and Surety Company of America

The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made and reported during the policy period, or any applicable extended reporting period.

The limit of liability available to pay losses will be reduced and may be exhausted by the amounts paid as defense expenses. The deductible or retention will apply to defense expenses. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense expenses, and the deductible or retention may apply up to 50% of defense expenses).

**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: .....

Website Address(es): .....

Year **Applicant's** business was established (yyyy): .....

Description of **Applicant's** operations: .....

2. **Applicant's** Standard Industrial Classification (SIC) code, if known (four-digit number): .....

3. Is the **Applicant** a subsidiary of a foreign parent? ..... Yes  No

4. Does the **Applicant** currently file, or does it anticipate filing in the next six months, any documents with the Securities and Exchange Commission (SEC), or similar foreign authority regarding any equity or debt securities? ..... Yes  No

**II. ORGANIZATION INFORMATION**

Attach any information that is available to explain the nature of the business of the **Applicant**, including brochures, pamphlets, newsletters, etc.

5. List and describe all entities in which the **Applicant's** ownership interest is 50% or greater or over which the **Applicant** has management control:  
 If Not Applicable, check .

| Name   | Percentage Owned | Year Started (yyyy) | Description of Operations | Entity Type* | Insurance Company Type** |
|--|------------------|---------------------|---------------------------|--------------|--------------------------|
|  | %                |                     |                           |              |                          |
|  | %                |                     |                           |              |                          |
|  | %                |                     |                           |              |                          |
|  | %                |                     |                           |              |                          |
| *Entity Type: FP=For-Profit (other than Partnership); NP=Non-Profit; GP=General Partnership; LP=Limited Partnership; LLC=Limited Liability Company   |                  |                     |                           |              |                          |
| **Insurance Company Type: SIC=Stock Insurance Company; MIC=Mutual Insurance Company; RIC=Reciprocal Insurance Company; RRG=Risk Retention Group; R=Reinsurer; CIC=Captive Insurance Company; O=Other |                  |                     |                           |              |                          |

To enter more information, attach a separate page or an organization chart with ownership detail.

6. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? ..... Yes  No
  - b. Any creation of a new business, subsidiary, or division? ..... Yes  No
  - c. Any registration for a public offering or a private placement of securities (stocks or bonds)? ..... Yes  No
  - d. Any reorganization or arrangement with creditors under federal or state law? ..... Yes  No
  - e. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? ..... Yes  No
  - f. Any development of new products or entering into any new states? ..... Yes  No
  - g. If the **Applicant** is a mutual company, any conversion of mutual ownership to stock ownership? ... Yes  No
- If any of the questions above were answered Yes, attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.

7. Have there been any disciplinary actions taken against the **Applicant** during the previous three years by any regulatory authority, including any consent, disciplinary, enforcement or cease and desist orders, or similar agreements or restrictions? ..... Yes  No   
 If Yes, attach full details.

8. Have there been any changes in the Board of Directors or senior management of the **Applicant** within the past three years for reasons other than death or retirement? ..... Yes  No   
 If Yes, attach an explanation.

9. During the past three years has there been a change in ownership of the **Applicant** or of the controlling holding company that resulted in a change in ownership of 10% or more of the outstanding voting stock? ..... Yes  No   
 If Yes, attach full details.

10. List the **Applicant's** key reinsurers, including percentage of ceded premium and participation description:

| Reinsurer | Percentage of Ceded Premium | Participation Description |
|-----------|-----------------------------|---------------------------|
|           | %                           |                           |
|           | %                           |                           |
|           | %                           |                           |

11. Have there been any significant changes in reinsurance treaty terms during the past three years or are any expected during the next 12 months including changes in self insured retentions, limits purchased, lines of business added or excluded, or exclusions added or removed? ..... Yes  No   
 If Yes, attach an explanation.

12. During the last 12 months has any rating agency communicated any changes in, or placed under review, any current financial or claims paying ability ratings of the **Applicant**? ..... Yes  No   
*If Yes, attach an explanation.*

13. Has the **Applicant** had an independent outside actuarial certification of rates or reserve adequacy? ... Yes  No   
*If No to either, attach an explanation.*

*If Yes, provide the dates (mm/dd/yyyy) of most recent certifications and the name of organizations that provided such certifications:*

*Are the recommendations contained in such certifications being implemented? ..... Yes  No*

*If No, attach an explanation.*

14. Provide the following as it relates to the **Applicant's** fiscal year end (FYE):

|                              | Most Recent FYE | Prior FYE | Projected FYE |
|------------------------------|-----------------|-----------|---------------|
| Total Assets                 | \$              | \$        | \$            |
| Total Direct Written Premium | \$              | \$        | \$            |

15. Prior Insurance Information:

a. Provide the following insurance information for the **Applicant**:

| Coverage                                   | Insurer | Limit | Retention | Policy Period (mm/dd/yyyy – mm/dd/yyyy) | Expiring Premium |
|--|---------|-------|-----------|---|------------------|
| Directors and Officers Liability Insurance |         | \$    | \$        |   | \$               |
| Employment Practices Liability Insurance   |         | \$    | \$        |   | \$               |
| Fiduciary Liability Insurance              |         | \$    | \$        |   | \$               |
| Cyber Liability Insurance                  |         | \$    | \$        |   | \$               |
| Financial Institution Bond                 |         | \$    | \$        |   | \$               |
| General Liability Insurance                |         | \$    | \$        |   | \$               |
| Property Insurance                         |         | \$    | \$        |   | \$               |
| Workers Compensation Insurance             |         | \$    | \$        |   | \$               |
| Commercial Auto Insurance                  |         | \$    | \$        |   | \$               |
| Other Errors & Omissions (E & O) Coverage  |         | \$    | \$        |   | \$               |

b. If other E&O coverage was completed in the table above, specify the kind of E&O coverage obtained:

\_\_\_\_\_

**III. EMPLOYEE/LOCATION INFORMATION**

16. Total number of employees\*.....

17. Complete the following table breaking out 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** |
|                           |                     |                     |                     |                           |                           |

18. Total number of employees\* outside the United States? .....

19. Locations:

- a. Main office of the **Applicant**:..... 1
- b. All other locations of the **Applicant**:..... +
- c. Total number of locations: ..... =

20. Are any of the above locations outside the United States?..... Yes  No   
*If Yes, attach full details.*

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

\*\*Independent Contractors may not be considered Employees with respect to certain coverages

**IV. AUDIT INFORMATION**

21. Scope of financial statement preparation:

- Internal  CPA Compilation  CPA Review  CPA Audit  None

22. Has the **Applicant** changed outside auditors in the last three years?.....N/A  Yes  No   
*If Yes, attach an explanation.*

23. Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls? .....N/A  Yes  No   
*If Yes, attach an explanation and provide the latest CPA letter to management and management's response.*

24. Has the **Applicant** implemented all material recommendations of the auditor?.....N/A  Yes  No   
*If No, attach an explanation.*

25. Has any auditor issued a "going concern" opinion for the **Applicant's** financial statements during the past three years? .....N/A  Yes  No   
*If Yes, attach an explanation.*

**V. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS**

**LIABILITY COVERAGES**

| Requested Liability Coverages            | Requested Coverage (Yes or No) (A) | Requested Limit (B) | Requested Retention (C) | Coverage Currently Purchased (Yes or No) (D) | Expiring Limit (E)             | Expiring Retention (F) | Expiring Premium (G) |
|--|------------------------------------|---------------------|-------------------------|--|--------------------------------|------------------------|----------------------|
| Directors and Officers Liability         |                                    | \$                  | \$                      |  | \$                             | \$                     | \$                   |
|  | Requested Effective Date:          |                     | Current Insurer:        |  | Date Coverage First Purchased: |                        |                      |
| Employment Practices Liability           |                                    | \$                  | \$                      |  | \$                             | \$                     | \$                   |
|  | Requested Effective Date:          |                     | Current Insurer:        |  | Date Coverage First Purchased: |                        |                      |
| Fiduciary Liability                      |                                    | \$                  | \$                      |  | \$                             | \$                     | \$                   |
|  | Requested Effective Date:          |                     | Current Insurer:        |  | Date Coverage First Purchased: |                        |                      |
| Insurance Company Professional Liability |                                    | \$                  | \$                      |  | \$                             | \$                     | \$                   |
|  | Requested Effective Date:          |                     | Current Insurer:        |  | Date Coverage First Purchased: |                        |                      |

26. Policy Options:

- a. What is the **Applicant's** preference for defense coverage, other than Insurance Company Professional Liability\*:
- i. Directors and Officers Liability?..... Duty-to-Defend  Reimbursement
  - ii. Employment Practices Liability?..... Duty-to-Defend  Reimbursement
  - iii. Fiduciary Liability? ..... Duty-to-Defend  Reimbursement
- \*Insurance Company Professional Liability is reimbursement only.
- b. What is the **Applicant's** preference for Liability Coverage limits? ..... Individual Limits  Shared Limits
- c. If the **Applicant** is requesting Employment Practices Liability coverage as indicated in Column (A) above, is this coverage also requested for third party sexual harassment claims? ..... Yes  No
- If the **Applicant** is requesting third party sexual harassment coverage, but does not currently purchase such coverage, answer Question 28 below.*

Answer the following questions for all Liability Coverages other than Insurance Company Professional Liability Coverage:

27. If Liability Coverage is currently purchased as indicated in Column (D) above, but has been in place for less than three years, answer the following question:  
 As of the date the **Applicant** first purchased the Liability Coverage, 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 being made against them under the Liability Coverage for which the **Applicant** is applying? ..... Yes  No   
*If Yes, attach an explanation.*
28. If Liability Coverage is not currently purchased as indicated in Column (D) above, answer the following question:  
 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 for which the **Applicant** is applying? ..... Yes  No   
*If Yes, attach an explanation.*

29. If the Requested Limit in Column (B) exceeds the Expiring Limit in Column (E), answer the following question:  
 Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, 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 for which the **Applicant** is applying? ..... Yes  No   
 If Yes, attach an explanation.

*With respect to the information required to be disclosed in response to the questions above, 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.*

Answer the following question solely for Insurance Company Professional Liability Coverage:

30. 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 being made against them under the Insurance Company Professional Liability Coverage for which the **Applicant** is applying, seeking monetary damages against them arising out of their performing, rendering, or failing to perform or render, professional services, including claims handling services? ..... Yes  No   
 If Yes, attach an explanation.

*With respect to the information required to be disclosed in response to the question above, the proposed insurance will not afford coverage under the Insurance Company Professional Liability Coverage for any claim arising from any fact, circumstance, situation, event, or act about which any chief executive officer, chief financial officer, in-house general counsel, risk manager of the **Applicant** (or any functional equivalent position), or Control Person\* 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.*

\*Control Person means any employee of the **Applicant** responsible for the receipt of notice on behalf of the **Applicant** of any demand made or claim or suit brought against the **Applicant** that includes allegations of bad faith in claim handling or any violation of any unfair claims practices statute or similar law.

**KIDNAP AND RANSOM COVERAGE**

| Requested Kidnap and Ransom Coverage                     | Effective Date | Requested Limit | Requested Retention |
|--|----------------|-----------------|---------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |                | \$              | \$                  |

Expiring Insurer: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

**CYBER COVERAGE**

| Requested Cyber Coverage                                 | Effective Date | Requested Limit | Requested Retention |
|--|----------------|-----------------|---------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |                | \$              | \$                  |

31. If Yes, complete the following table for coverages, limits and retentions requested:

| Insuring Agreement  | Requested Limit | Requested Retention |
|---|-----------------|---------------------|
| Network and Information Security Liability (Required)     | \$              | \$                  |
| Communications and Media Liability                        | \$              | \$                  |
| Regulatory Defense Expenses                               | \$              | \$                  |
| Crisis Management Event Expenses                          | \$              | \$                  |
| Security Breach Remediation and Notification Expenses     | \$              | \$                  |
| Computer Program and Electronic Data Restoration Expenses | \$              | \$                  |
| Computer Fraud  | \$              | \$                  |
| Funds Transfer Fraud                                      | \$              | \$                  |
| E-Commerce Extortion                                      | \$              | \$                  |
| Business Interruption and Additional Expenses             | \$              | Hours:              |

32. What is the **Applicant's** preference for defense coverage with respect to Cyber Risk Insuring Agreement A., B., and C.? ..... Duty to Defend  Reimbursement

**IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE**

| Requested Identity Fraud Expense Reimbursement Coverage  | Date | Limit                             | Retention                      |
|--|------|-----------------------------------|--------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |      | \$1,000 <input type="checkbox"/>  | \$0 <input type="checkbox"/>   |
|  |      | \$5,000 <input type="checkbox"/>  | \$100 <input type="checkbox"/> |
|  |      | \$10,000 <input type="checkbox"/> | \$250 <input type="checkbox"/> |
|  |      | \$25,000 <input type="checkbox"/> |                                |

Expiring Insurer: \_\_\_\_\_

Expiring Premium: \$ \_\_\_\_\_

**VI. LOSS INFORMATION**

**LIABILITY COVERAGES**

33. With respect to the Liability Coverages other than Insurance Company Professional Liability Coverage requested in this Application, have any administrative or regulatory proceedings or civil or criminal charges, hearings, demands, or lawsuits been made or brought against any person or entity proposed for this insurance during the past three years, whether or not insured, including any such matter involving securities, security holders, creditors, antitrust or fair trade law, copyright or patent law, Employee Retirement Income Security Act (ERISA), discrimination, harassment or employment-related matters? ..... Yes  No   
 If Yes, complete the table below:

| Date of Such Claim (mm/dd/yyyy) | Nature of Claim | Amount Paid for Defense | Amount Sought or Paid for Damages | Covered by Insurance (Yes or No) | Corrective Procedures Implemented (Yes or No) | Current Status |
|---------------------------------|-----------------|-------------------------|-----------------------------------|----------------------------------|---|----------------|
|                                 |                 | \$                      | \$                                |                                  |   |                |
|                                 |                 | \$                      | \$                                |                                  |   |                |

To enter more information, attach a separate page.

34. Solely with respect to the Insurance Company Professional Liability Coverage requested in this Application, during the past five years, have any written demands, or civil, criminal, arbitration, administrative or regulatory proceedings been made or brought against any person or entity proposed for this insurance involving professional services, including claim handling services, that:
- a. seek damages, have resulted in damages payment having been made or defense expenses having been incurred (other than contractual damages under a contract of insurance);
  - b. seek punitive, exemplary or multiplied damages; or
  - c. seek class action status, whether or not extra-contractual damages are sought?.....Yes  No

*If Yes, attach the following information:*

- a. Date the demand or notice of the proceeding was received;
- b. Status of the demand or proceeding;
- c. Name of the entity or person making the demand or bringing the proceeding;
- d. Description of the circumstances involved, and the allegations of the demand or proceeding;
- e. Following amounts from the first dollar, whether or not subject to E&O insurance:
  - (i) Contractual damages and defense expenses incurred (contractual loss not subject to E&O insurance);
  - (ii) Extra contractual damages incurred (excess of limits, punitive or exemplary, or multiplied damages, etc.);
  - (iii) Other damages; and
  - (iv) Defense expenses incurred (other than defense expenses incurred in connection with the contractual claim);
 and
- f. Copy of the complaint, including amendments and responses, for any proceeding seeking class action status along with a brief summary of the status.

35. Have all of the demands and proceedings disclosed in Question 34 been reported to any previous or existing insurer providing coverage for Insurance Company Professional Liability? ..... Yes  No   
*If No, attach an explanation.*

**KIDNAP AND RANSOM COVERAGE**

36. Has the **Applicant** incurred any kidnap and ransom related losses or incidents during the past three years? ..... Yes  No   
*If Yes, complete the table below:*

| Date of Loss/Incident | Amount of Loss | Description of Loss | Corrective Procedures Implemented | Current Status |
|-----------------------|----------------|---------------------|-----------------------------------|----------------|
|                       | \$             |                     |                                   |                |
|                       | \$             |                     |                                   |                |

*To enter more information, attach a separate page.*

**CYBER COVERAGE**

37. In the past 3 years has the **Applicant**:
- a. received any claims or complaints with respect to privacy, breach of information or network security unauthorized disclosure of information, or defamation or content infringement? Yes  No
  - b. been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation? Yes  No
  - c. notified consumers or any other third party of a data breach incident involving the **Applicant**? Yes  No
  - d. experienced an actual or attempted extortion demand with respect to its computer systems Yes  No
38. 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 insurance policy for which the **Applicant** is applying? Yes  No

*If any question is answered Yes, please attach details of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.*



With respect to the information required to be disclosed in response to the questions above, 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.

**IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE**

39. Has the **Applicant** experienced, in the last three years, a data theft, data breach, or loss of employee, customer or member information? ..... Yes  No   
 If Yes, attach an explanation.

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

**I. SHAREHOLDER INFORMATION**

| Total Shares  | Common | Preferred | Other |
|---|--------|-----------|-------|
| Authorized  |        |           |       |
| Outstanding   |        |           |       |
| Voting Shares Outstanding   |        |           |       |
| Voting Shares Owned by Directors and Officers (Direct and Beneficial) |        |           |       |
| Number of Voting Shareholders   |        |           |       |

If there are multiple classes of stock, attach a list. The list should include: number of shareholders and number of shares held in each stock class.

- Does the charter or bylaws of the **Applicant** provide indemnification to its Directors and Officers to the fullest extent permitted by law? ..... Yes  No
- Are there any securities that are convertible to voting stock? ..... Yes  No   
 If Yes, attach an explanation.
- List all shareholders that own greater than five percent of any class of security:

| Shareholder | Class of Security | Percentage Owned | Director or Officer (Yes or No) |
|-------------|-------------------|------------------|---------------------------------|
|             |                   | %                |                                 |
|             |                   | %                |                                 |
|             |                   | %                |                                 |

To enter more information, attach a separate page.

4. Is any shareholder a trust that qualified as an Employee Stock Ownership Plan (ESOP) under Employee Retirement Income Security Act (ERISA) or holds securities for the benefit of employees? ..... Yes  No   
 If Yes, attach most recent stock valuation report.

**II. REQUIRED ATTACHMENTS – DIRECTORS AND OFFICERS LIABILITY**

As part of this Application, 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*):

- List of Directors and Officers of the **Applicant**
- Most recent Annual Convention Statement\*
- Most recent Quarterly Convention Statement\*
- Most recent Annual Report (Complete Audited Financial Statement)\*



11. a. Does the **Applicant** have a Human Resources department? ..... Yes  No
- b. Number of Human Resources employees:..... \_\_\_\_\_
12. Are all prospective employees required to complete a uniform employment application prior to hire? ... Yes  No
13. Does the **Applicant** have an employee handbook that is distributed to all employees?..... Yes  No
14. Are employees required to acknowledge, by signature, receipt of such employee handbook? ..... Yes  No
15. Does the employment application or employee handbook contain an  
"Employment at Will" statement?..... Yes  No
16. Complete the following table for guidelines, policies and procedures related to the following:

| Guidelines, Policies, Procedures                           | Formal Written Policy                                    | Employees Sign and Acknowledge Receipt                   |
|--|--|--|
| Workplace Discrimination                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sexual and Other Workplace Harassment                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Equal Employment Opportunity                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| FMLA   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disabled Employees and Accommodations                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Retaliation  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Reporting, Investigating and Resolving Employee Complaints | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Written Performance Appraisals/Reviews                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hiring/Interviewing  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Discharge/Termination                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

17. Are the **Applicant's** employment practices policies, procedures and employee handbook periodically reviewed by an attorney with experience in employment law? ..... Yes  No
18. Does the **Applicant** have written policies or procedures outlining employee conduct when dealing with the general public, customers, clients, vendors, or other third parties? ..... Yes  No
19. Does the **Applicant** have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment? ..... Yes  No
20. Does the **Applicant** conduct human resources training on guidelines, policies and procedures for all individuals who handle human resources functions? ..... Yes  No
21. Does the **Applicant** conduct training for employees on issues of discrimination and sexual and other workplace harassment? ..... Yes  No

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

As part of this Application, 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 the **Applicant** has 500 or more employees, attach employee handbook
- If the **Applicant** has 1,000 or more employees, most recent EEO-1 report
- If the **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 table for all plans for which coverage is requested:

| Full Plan Name  | Plan Type* | Current Asset Value | Current FYE Annual Contributions | Current Number of Participants | Plan Status** |
|---|------------|---------------------|----------------------------------|--------------------------------|---------------|
|   |            | \$                  |                                  |                                |               |
|   |            | \$                  |                                  |                                |               |
|   |            | \$                  |                                  |                                |               |
|   |            | \$                  |                                  |                                |               |
| *Entity Type: DB=Defined Benefit; DC=Defined Contributions; E=ESOP; W=Self-Funded Welfare Benefit Plan; O=Other<br><i>Attach explanation.</i> |            |                     |                                  |                                |               |
| **Plan Status: A=Active; F=Frozen; S=Sold; T=Terminated<br><i>Include date of freeze, sale or termination.</i>                                |            |                     |                                  |                                |               |

*To enter more information, attach a separate page.*

**II. PLAN UNDERWRITING QUESTIONS**

3. Is each plan reviewed periodically to assure there are no violations of ERISA (e.g., prohibited transactions or party-in-interest rules)? ..... Yes  No   
*If No, attach an explanation.*
4. 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, attach an explanation.*
5. Has any plan: (a) been the subject of an investigation by the Department of Labor, Internal Revenue Service (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, attach an explanation.*
6. If any plan is a defined benefit plan, has such plan: (a) experienced an event reportable to the Pension Benefit Guaranty Corporation; (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?  
*If there are no defined benefit plans, check N/A. ....N/A  Yes  No*   
*If Yes, attach an explanation.*
7. 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 two years or is any such merger, termination or sale anticipated in the next 12 months?..... Yes  No   
*If Yes, attach an explanation detailing the implementation, disclosure and any relevant blackout periods.*
8. 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, attach an explanation.*

9. Does the employer, committee of employer representatives, or union board of trustees have final say over the determination of whether benefits will be paid under any healthcare plan sponsored by the **Applicant**?..... Yes  No   
*If Yes, identify the names of such plans in a separate attachment.*

10. Does any plan invest in a mutual fund, collective trust or similar investment pool that receives investment management services from the **Applicant** for a fee? ..... Yes  No   
*If Yes, attach an explanation.*

11. Provide the name of any firm providing the following services:

| CPA (Certified Public Accountant) | Attorney | Actuary | Investment Advisor |
|-----------------------------------|----------|---------|--------------------|
|                                   |          |         |                    |

**III. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY**

As part of this Application, 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 or the plan invests in employer securities
- Employer Securities Supplemental Application, if any plan is an ESOP or if any other defined contribution plan invests in employer securities
- Most recent 5500 of all plans

**E. INSURANCE COMPANY PROFESSIONAL LIABILITY COVERAGE SECTION**

**I. INSURANCE COMPANY OPERATIONS INFORMATION**

1. Indicate the following professional services performed by the **Applicant**:

- a. Claim handling and adjusting, subrogation, or salvage: ..... Yes  No
- b. Personal injury rehabilitation: ..... Yes  No
- c. Safety inspections, loss control, or safety engineering: ..... Yes  No
- d. Premium financing: ..... Yes  No
- e. Insurance consulting: ..... Yes  No
- f. Insurance risk management: ..... Yes  No
- g. Actuarial consulting: ..... Yes  No
- h. Notary services: ..... Yes  No
- i. Services for insurance pools (*If Yes, provide details*): ..... Yes  No
- j. Insurance agent and broker activity (*If Yes, submit an Insurance Agents Owned Operations Coverage Application*): ..... Yes  No

2. Provide the following information for all professional services offered for a fee, include any professional service listed above only if such service is offered for a fee other than the premium charge for a contract of insurance or investment product:

| Name of Professional Service | Description | Length of Time Service has been Offered | Most Recent FYE Fees or Revenues | Prior FYE Fees or Revenues |
|------------------------------|-------------|---|----------------------------------|----------------------------|
|                              |             |   | \$                               | \$                         |
|                              |             |   | \$                               | \$                         |
|                              |             |   | \$                               | \$                         |
|                              |             |   | \$                               | \$                         |

3. With respect to those professional services offered, other than claim handling and adjusting in connection with a contract of insurance issued by the **Applicant**:
- a. Are such professional services rendered pursuant to a written contract (including any professional services offered through a third party vendor)?..... Yes  No
  - b. Are written contracts reviewed and approved by either in-house or outside legal counsel?..... Yes  No
  - c. Are there written policies and procedures that govern the performance and administration of offered professional services? ..... Yes  No
  - d. If professional services are offered through a third party vendor, is such third party vendor required to agree, under written contract, to indemnify or limit the liability of the **Applicant** for such services? ..... Yes  No
- If No to any of the above, attach an explanation.*
4. Does the **Applicant** currently, or in the foreseeable future plan to, own or operate any entity providing any form of managed health care, or plan to utilize managed health care in connection with any contract of insurance through an independent contractor? ..... Yes  No
- If Yes, attach details, including the names and ownership of each entity, a full description of the service provided, and copies of any contracts, including insurance requirements and any hold harmless arrangements.*

**II. CLAIM HANDLING AND REPORTING PROCEDURES INFORMATION**

5. Are there written procedures for handling, assessing and monitoring claims against the **Applicant** or any person proposed for this insurance, in connection with claim handling or any other professional services offered? ..... Yes  No
- If Yes, attach a copy of procedures.*
6. When were such written procedures established (mm/yyyy)? .....
7. How often are such written procedures reviewed and updated? .....
8. Provide the name, title, and department of any individual responsible for monitoring and ensuring compliance with such written procedures:

| Name | Title | Department |
|------|-------|------------|
|      |       |            |
|      |       |            |

9. Describe the procedure for responding to an excess of limit demand: \_\_\_\_\_
10. Describe the procedure for responding to an excess of limit verdict: \_\_\_\_\_
11. Provide the name, title, and department of any individual responsible for the receipt of notice on behalf of the **Applicant** of any demand made or claim or suit brought against the **Applicant** that includes allegations of bad faith in claim handling or any violation of any unfair claim practices statute or similar law (e.g., *Head of Claims, Corporate Secretary, General Counsel, Risk Manager, or others*) (Control Persons):

| Name | Title | Department |
|------|-------|------------|
|      |       |            |
|      |       |            |

12. Describe the process for identifying and transferring bad faith or E&O claims to the parties responsible for their handling: \_\_\_\_\_
13. Does the **Applicant** use any specialized defense counsel for bad faith or E&O claims?..... Yes  No
14. Does the **Applicant** have a process for evaluating a bad faith or E&O claim at its conclusion?..... Yes  No
15. Is follow-up training provided to the claim staff as a result of such evaluation? ..... Yes  No

16. Do any facultative or reinsurance treaty contracts provide coverage for punitive or extra-contractual damages? ..... Yes  No

**III. CLAIM DEPARTMENT OPERATIONS INFORMATION**

17. Provide the following staffing numbers for the **Applicant's** home office and field office claim department operations:

| Staff  | # In the Most Recent FYE | # In the Prior FYE |
|--|--------------------------|--------------------|
| Claim Officers   |                          |                    |
| Claim Managers and Supervisors                                   |                          |                    |
| Senior Adjusters (Examiners)                                     |                          |                    |
| Junior Adjusters (Examiners)                                     |                          |                    |
| Administrative and Clerical Staff                                |                          |                    |
| Total  |                          |                    |
| Average Adjuster Workload (Open Claim Files/Number of Adjusters) |                          |                    |

18. Provide the annual turnover rate for claim personnel, excluding administrative and clerical positions:

| Most Recent FYE | Prior FYE | Second Prior FYE |
|-----------------|-----------|------------------|
|                 |           |                  |

19. With respect to claim personnel, have there been any employee layoffs, terminations, workforce reductions or retirements resulting from any type of organizational restructuring, or office, branch or facility closing during the past five years or are there any anticipated within the next 12 months? ..... Yes  No   
*If Yes, attach an explanation.*

20. Indicate the number of field (regional or branch) claim offices of the **Applicant**: .....

21. What percentage of claims are handled within field offices? ..... %

22. Describe the types of claims that are not handled by field claim personnel, identifying specific classes of business and claim characteristics: .....  
*If, in response to Question 22 above, field claim personnel do not refer any claims to your home office claim department, provide details.*

23. Does the **Applicant** contract for outside claim adjustment services? ..... Yes  No   
*If Yes,*  
 a. What percentage of claims is handled by outside adjustment services? ..... %  
 b. Are hold harmless agreements made a part of each contract for such outside adjustment services? Yes  No

24. Does the **Applicant** grant authority to independent agents, third party administrators or managing general agents to negotiate or settle any claims made under any contracts of insurance? ..... Yes  No   
*If Yes, attach details, including the number of agents or administrators, as well as the name and maximum settlement authority for each.*

25. Are outside law firms regularly employed to handle or defend claims? ..... Yes  No   
*If Yes, describe the types of claims regularly handled by outside counsel and the approximate number of claims:*

.....  
 .....  
*If Yes, has the **Applicant** established written procedures mandating assignment of outside counsel in matters with potential conflicts of interest or with uninsured excess exposures to any owner, beneficiary, or insured under any contract of insurance?..... Yes  No*

26. Does the **Applicant** have a dedicated coverage review team within either the claim or legal department?..... Yes  No   
*If No, attach the guidelines and process for coverage review.*
27. Describe the **Applicant's** process for engaging outside counsel in coverage matters: \_\_\_\_\_  
 \_\_\_\_\_
28. Describe the **Applicant's** guidelines and process for defending policyholders while a declaratory judgment action is pending: \_\_\_\_\_  
 \_\_\_\_\_
29. Has the **Applicant** established a formal training program for all claim adjusters? ..... Yes  No
30. Does the **Applicant** require state specific fair claims settlement training? ..... Yes  No   
*If No, attach an explanation.*
31. Does the **Applicant** have a claim handling procedural manual? ..... Yes  No   
*If No, describe how claim handling expectations and requirements are communicated to adjusters and other claim handling personnel: \_\_\_\_\_*  
 \_\_\_\_\_  
*If Yes, does the **Applicant** provide a copy of the claim handling procedural manual to all claim adjusters? ..... Yes  No*   
*If Yes:*  
 a. How often are claim adjusters required to review the procedural manual? ..... \_\_\_\_\_  
 b. How often is such manual updated? ..... \_\_\_\_\_  
 c. When was such manual last updated? ..... \_\_\_\_\_
32. Does the **Applicant** utilize any software for claim assessment or evaluation? ..... Yes  No   
*If Yes:*  
 a. Describe how the software is utilized within the claim handling process: \_\_\_\_\_  
 \_\_\_\_\_  
 b. What influence does the software have in determining settlement values? \_\_\_\_\_  
 \_\_\_\_\_  
 c. Does compliance with the usage of such tools impact adjuster performance appraisals? ..... Yes  No
33. Has the **Applicant** established written procedures for claim file documentation? ..... Yes  No   
*If No, attach an explanation.*
34. Does the **Applicant** conduct large loss reviews? ..... Yes  No   
*If No, attach an explanation.*  
*If Yes:*  
 a. How often are these reviews conducted? ..... \_\_\_\_\_  
 b. Who participates in such reviews? ..... \_\_\_\_\_  
 c. Is management provided with the results of such review? ..... Yes  No
35. Does the **Applicant** conduct claim file self-audits? ..... Yes  No   
*If Yes:*  
 a. How often are the audits performed? ..... \_\_\_\_\_  
 b. Who performs the audits? ..... \_\_\_\_\_  
 c. Are the audit findings communicated to adjusters? ..... Yes  No   
 d. Do the audit results impact adjuster performance appraisals? ..... Yes  No   
 e. Is a response to the audit findings required? ..... Yes  No   
 f. Indicate the individuals responsible for reviewing the audit findings:

| Title | Department |
|-------|------------|
|       |            |
|       |            |



36. Has the **Applicant** established procedures to ensure that all adjusters are properly licensed in accordance with state laws and regulation?..... Yes  No   
*If No, attach an explanation.*

**IV. REQUIRED ATTACHMENTS – INSURANCE COMPANY PROFESSIONAL LIABILITY**

As part of this Application, 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*):

- List of Directors and Officers of the **Applicant**
- Most recent Annual Convention Statement\*
- Most recent Quarterly Convention Statement\*
- Most recent Annual Report (Complete Audited Financial Statement)\*
- Most recent Interim Financial Statements\*
- Any Private Placement Memorandum or any documents filed with the SEC in the past year
- Entity organizational chart, including interrelated non-insurance company entities

*\*Consolidated Financial Statements are preferred. However, if consolidated financial statements are not available for any organization, submit an individual financial statement for such organization.*

**F. KIDNAP AND RANSOM COVERAGE SECTION**

**I. ORGANIZATION INFORMATION**

1. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)?..... Yes  No   
*If Yes, attach an explanation.*
2. 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**

3. Do Directors, Officers or other employees of the **Applicant** take trips outside the United States and Canada? ..... Yes  No   
*If Yes, provide travel information for the previous 12 months and estimates of the upcoming 12 months:*

| City and Country of Destination | Number of Trips | Number of Individuals | Average Length of Trips |
|---------------------------------|-----------------|-----------------------|-------------------------|
|                                 |                 |                       |                         |
|                                 |                 |                       |                         |

*To enter more information, attach a separate page.*

4. Are there any permanent foreign locations of the **Applicant**? ..... Yes  No   
*If Yes, provide both the existing and anticipated foreign locations:*

| City and Country of Destination | Number of Locations | Type of Operations (i.e., sales, manufacturing) | Number of Employees |
|---------------------------------|---------------------|---|---------------------|
|                                 |                     |   |                     |
|                                 |                     |   |                     |

*To enter more information, attach a separate page.*

5. Are steps taken to ensure an Insured Person’s safety when traveling outside the United States? ..... Yes  No   
*If Yes, attach an explanation.*
6. Are steps taken to ensure the safety of Insured Persons and Premises permanently located outside of the United States? ..... Yes  No   
*If Yes, attach an explanation.*



18. Does the applicant have formal policies or procedures to/for:
- a. Avoid the posting of improper or infringing content? Yes  No
  - b. Editing or removing controversial, offensive or infringing content from material distributed, or published by or on behalf of the **Applicant**? Yes  No
  - c. Obtain parental permission for collecting data regarding children who use website? Yes  No  N/A
  - d. Respond to allegations that content created, displayed or published by the **Applicant** is libelous, infringing, or in violation of a third party's privacy rights? Yes  No

**IV. REQUIRED ATTACHMENTS – CYBER**

- Most current audited or annual financial statements if annual revenues exceed \$10,000,000 or requested Limit of Liability for Network and Information Security Liability coverage exceeds \$3,000,000.

**H. IDENTIFY FRAUD EXPENSE REIMBURSEMENT COVERAGE SECTION**

**I. ORGANIZATION INFORMATION**

- 1. Does the **Applicant** maintain privacy policies pertaining to employee information? ..... Yes  No
- 2. Does the **Applicant** have loss prevention or loss mitigation protocols for addressing a potential information breach? ..... Yes  No

**II. CONTACT INFORMATION**

| Contact Name | Email | Phone |
|--------------|-------|-------|
|              |       |       |

**I. COMPENSATION NOTICE**

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, Agency Compensation, One Tower Square, Hartford, CT 06183.

**J. FRAUD WARNINGS**

**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.

**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.

**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.

**K. SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. TRAVELERS IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

TRAVELERS 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 TRAVELERS MAY ISSUE TO THE APPLICANT, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, WILL BE THE BASIS OF THE INSURANCE AND WILL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. TRAVELERS 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  
(President or CEO)

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

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

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

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

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

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

**\*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**  
**PRODUCER'S ELECTRONIC SIGNATURE AND ACCEPTANCE**