



Miscellaneous Professional Liability PlusSM Policy

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" AND REPORTED DURING THE POLICY PERIOD, OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

Wherever used in this Application, the term "Applicant" means all Corporation(s), Partnership(s), and Sole Proprietorship(s) and each person who is an officer, director, partner, or employee of the firm(s).

AGENCY/ BROKER	CODE	NAME & LICENSE NUMBER	POLICY NUMBER
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1. a. Name of Applicant: _____
 b. Principal Address: _____

 c. Web Site Address: _____
 d. List all subsidiaries, branches and entities and their locations for which coverage is desired: _____

 e. Telephone Number: _____
 f. Fax Number: _____

2. Applicant is: Sole Proprietorship Partnership Corporation Joint Venture
 For Profit Not For Profit Other _____

3. Date Established: _____

4. Is the firm owned, controlled, or affiliated with any other firm, corporation, or company? Yes No
 If yes, please explain: _____

5. Within the past five years, has the Applicant changed its name, acquired any business, or merged or consolidated with any entity? Yes No
 If yes, please explain names, dates, and details: _____

6. Describe, in detail, the professional services for which coverage is desired and identify the percentage of gross revenue derived from each service.

Professional Services	% of Gross Revenue
_____	_____
_____	_____
_____	_____

7. Does the Applicant provide any services over the Internet? Yes No
 If yes, please explain: _____

8. Describe in detail, all other services and activities of the Applicant for which coverage is **NOT DESIRED**: _____

9. List the following totals:
 Principals, Partners, Officers: _____
 Other Professional Staff: _____
 Clerical/Non-Professional Staff: _____

10. List the following information for all Principals, Partners, Officers, and key employees:
 Attach a separate sheet, if necessary.

Name	Title	Professional Designation	Numbers of Years Experience in Practice	Number of Years with the Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. List all professional associations to which the Applicant firm belongs: _____

12. Provide the total gross receipts for services listed in Question 6:

	Domestic	Foreign
Current fiscal year	\$ _____	\$ _____
Past fiscal year	\$ _____	\$ _____
Estimated receipts next fiscal year	\$ _____	\$ _____

13. Describe the Applicants five largest projects or jobs during the past three years:

Client Name	Services Rendered	Annual Revenue derived from the project or job
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Is a written contract or agreement required for each client? Yes No
 If yes, please provide a copy of a standard contract or agreement.
 If no, how are responsibilities defined between the Applicant and their client? _____

15. Do the Applicant's contracts contain:
 Hold Harmless or Indemnity Agreements inuring to the benefit of the Applicant? Yes No
 Hold Harmless or Indemnity Agreements inuring to the benefit of the client? Yes No
 Guarantees or warranties? Yes No
 Specific description of the services to be provided by the Applicant? Yes No

16. What percentage of the Applicant's services are subcontracted to others? _____ %
 If subcontractors are used, does the Applicant require evidence of professional liability insurance? Yes No

17. Have any professional liability claims been made against the Applicant during the past five years? Yes No
 If yes, please provide details on a separate Claim Supplement attachment.

18. Is the Applicant aware of any circumstances, alleged errors or omissions, acts or situations, which may reasonably be expected to result in a claim being made under the proposed insurance? Yes No
 If yes, please provide details on a separate Claim Supplement attachment.

19. Has the Applicant or any of its principals, partners, officers, or directors been the subject of any disciplinary action or have been cited by any regulatory agency or professional association? Yes No
 If yes, please provide details on a separate Claim Supplement attachment.

NOTE: It is agreed that any professional liability claims made prior to the inception of the policy, or any future professional liability claims resulting from any circumstances, alleged errors or omissions, acts or situations which the applicant has knowledge or information prior to the inception of the policy, are excluded from the coverage sought by the Applicant from the company.

20. a. List all prior professional liability insurance coverage carried during the past five years.

Insurance Carrier	Limit	Deductible	Premium	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Skip Question 20.b. for Missouri Applicants)

b. Has any similar insurance made on behalf of the Applicant ever been canceled, declined, or non-renewed? Yes No

If yes, please give details: _____

21. a. Limit of liability desired: _____
 b. Deductible desired: _____
 c. Effective date: _____
 d. Retroactive date: _____

REQUIRED ATTACHMENTS

- Completed Supplemental/Application if applicable for this industry.
- Copies of standard contracts and engagement/proposal letter used with clients.
- Biographical sketches/resumes of all Principals, Partners, and key employees.
- Brochures, advertisements, or other descriptive literature about the Applicant firm, its operations, and activities.
- Most current financial statement or annual report.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

Attention: For all Insureds other than those in VA or UT

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 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.

Attention: Insureds in VA and UT

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 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.

Attention: Insureds in KY and FL

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.

Attention: Insureds in NY

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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature of Applicant's Authorized Representative Date
(Principal, Partner or Officer)

Agency/Broker

Name (printed)

Agent/Broker (Individual)

Title

Address

Attention: Insureds in AR, FL, KY, ME, MN, NJ, OH, and PA

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.

Attention: Insureds in DC:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Attention: Insureds in NY

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Attention: Insureds in CO

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 TN and VA

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 LA and NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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 OK

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attaches to all Applications