



Miscellaneous Professional Liability PlusSM Policy

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

RENEWAL 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. Please list any new
 all subsidiaries, branches
 and entities and their locations
 for which coverage is desired: _____

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

2. Within the past year, 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: _____

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

Professional Service	% of Gross Revenue
_____	_____
_____	_____
_____	_____

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

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

6. List the following totals:
 MPL-1006 CW (07-02)

Principals, Partners, Officers: _____
 Other Professional Staff: _____
 Clerical/Non-Professional Staff: _____

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

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

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

9. 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.

LIMIT INFORMATION: (choose one of the following)

- Renewal of existing policy, no change in requested limit of liability.
 - Renewal of existing policy and requesting limit of liability increased to \$ _____
- Are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy? Yes No
 If yes, please provide details on a separate attachment.

REQUIRED ATTACHMENTS

Biographical sketches/resumes of all new Principals, Partners, and key employees in the past year.
 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

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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)

Name (printed)

Title

Agency/Broker

Agent/Broker (Individual)

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