



Wrap+SM

Miscellaneous Professional Liability Coverage Application

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

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 HAS BEEN SPECIFICALLY PROVIDED HEREIN.

GENERAL INFORMATION

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

Agency	Code	Agent Name/License Number	Policy Number

Applicant Information:

Name of **Applicant**: _____

Year **Applicant's** Business Was Established: _____

Street Address: _____

City, State, Zip: _____

Website Address: _____

Description of **Applicant's** Operations: _____

Revenue for current fiscal year: \$ _____

Revenue for prior fiscal year: \$ _____

Estimated revenue for next fiscal year: \$ _____

Does the **Applicant** now have tax exempt status under the United States Internal Revenue Code? Yes No

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

Does the **Applicant** currently file, or do they anticipate in the next 6 months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No

1. Describe, in detail, all professional services offered by the **Applicant**:

Professional Services	Coverage Desired?	% of Total Revenue	% of Revenue Sub-Contracted
	Yes No	%	%
	Yes No	%	%
	Yes No	%	%

To enter more information, please attach a separate page to the application

2. Is a written contract or agreement required for each client?
If Yes, attach sample Yes No
If “No”, please attach an explanation detailing how responsibilities are defined between the Applicant and their Client
3. Does the **Applicant** provide any services over the Internet? **If “Yes”, please attach an explanation** Yes No
4. a. Number of Employees: Professionals/Principals/Officers _____ Clerical/Non-Professional _____
 b. List the following information for all Principals/Partners, Officers, Professional Employees:

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

To enter more information, please attach a separate page to the application

5. List all professional associations to which the **Applicant** belongs:
-
-

6. Describe the **Applicant’s** five largest projects or jobs during the past three years:

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job

7. If subcontractors are used, does the **Applicant** require evidence of professional liability insurance? Yes No N/A

SUBSIDIARY INFORMATION

Subsidiary Information and 50% or more owned joint ventures under management control:

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			

***Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership LLC=Limited Liability Company To enter more information, please attach a separate page to the application**

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? | 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 |

If any of the above questions were answered “Yes”, please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.

POLICY OPTIONS

What is the **Applicant's** preference for defense coverage?

Duty to Defend

Reimbursement

CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

	Requested Limit (A)	Requested Retention (B)	Requested Effective Date (C)	Coverage Currently Purchased (D)	
				Yes No	
Expiring Limit (E)	Expiring Retention (F)	Expiring Premium (G)	Current Insurer (H)	Date Coverage First Purchased (I)	Current Retroactive Date (J)

- 1. If Liability Coverage is currently purchased as indicated in column (D) above, please answer the following question:**
 As of the Date the **Applicant** first purchased this Liability Coverage, were there any facts, circumstances, or situations which might have resulted in a claim being made against any insured? Yes No
If “Yes”, please attach an explanation
(Not applicable if coverage first purchased and continuously maintained more than 3 years prior to this application date)

- 2. If Liability Coverage is not currently purchased as indicated in column (D) above, please answer the following question:**
 Are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage for which the **Applicant** is applying? Yes No
If “Yes”, please attach an explanation

- 3. With respect to the Liability Coverage being applied for above, if Requested Limit of Liability in Column (A) exceeds the Expiring Limit of Liability in Column (E):**
 With respect to the higher limits requested, are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage for which the **Applicant** is applying? Yes No
If “Yes”, please attach an explanation

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts or circumstances required to be disclosed is excluded from the proposed insurance.

LOSS INFORMATION

Has any person or entity proposed for this insurance been the subject of any professional liability claims, any disciplinary actions or been cited by any regulatory agency or professional association during the past three years? Yes No
If “Yes”, please complete the table below

To the extent any lawsuit or claim required to be disclosed in response to the question above constitutes a “Claim” as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

Details	Covered by Insurance?	Total Paid for Defense (including insured amounts)	Total Paid for Damages (including insured amounts)	Corrective Procedures Implemented
	Yes No	\$	\$	
	Yes No	\$	\$	

REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant**:

- Copies of standard contracts and engagement/proposal letter used with clients if policy limit requested is greater than \$1,000,000
- Biographical sketches/resumes of all Principals, Partners, and key employees if in business less than three years
- Brochures, advertisements, or other descriptive literature about the **Applicant** firm, its operations, and activities (if not available on website)
- Most recent annual financial statement, if revenues exceed \$7,000,000 or policy limit requested is greater than \$3,000,000

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED ST. PAUL TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY ST. PAUL TRAVELERS. IF THE INFORMATION IN ANY 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.

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: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA 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 IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

(In 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 or concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)

(In 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.)

Signature of **Applicant's** Authorized Representative (President or CEO): _____ Title: _____

Name (Printed): _____ Date: _____

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the Section and Question Number (e.g., General Information, #1).

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: 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.