



Travelers Casualty and Surety Company of America  
Hartford, Connecticut

**IMPORTANT NOTE:** This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

**NEW YORK DEFENSE EXPENSES NOTICE:** If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

*Throughout this supplement "you" and "your" means the entity or individual applying for this insurance.*

1.  New Business  Current Travelers Policy Number: \_\_\_\_\_

**APPLICANT INFORMATION**

2. Your Full Legal Name  
\_\_\_\_\_

**GENERAL INFORMATION**

3. An additional limit is being requested for professional services for a:  
 Specified client  Specified contract  Specified project

4. Please advise the additional limit requested: ..... \$ \_\_\_\_\_

5. How long is this additional limit required?..... \_\_\_\_\_

6. Please describe your professional services for this client, contract, or project:  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide all of the following as applicable for the client, contract, or project for the additional limit is requested:  
a. Name of the client: \_\_\_\_\_  
b. Contract number: \_\_\_\_\_  
c. Name of the project: \_\_\_\_\_  
d. Location of the project: \_\_\_\_\_

8. Please advise your estimated fees for this client, contract or project:  
a. Total Fees ..... \$ \_\_\_\_\_  
b. Last Year Fees ..... \$ \_\_\_\_\_  
c. One Year Prior to Last Year Fees ..... \$ \_\_\_\_\_  
d. Two Years Prior to Last Year Fees ..... \$ \_\_\_\_\_

**DESIGN PROFESSIONALS LIABILITY COVERAGE SPECIFIC ADDITIONAL LIMIT**

Please complete this Design Professionals Liability Coverage Specific Additional Limit section only if you are requesting a specific additional limit under a Design Professionals Liability Coverage policy.

- 9. If the additional limit requested is for a specified project, please complete the following chart for the estimated beginning and completion dates for both the design and construction phases.

	Beginning Date	Estimate Completion Date
Design Phase		
Construction Phase		

- 10. Please provide the total estimated construction value of the project: ..... \$ \_\_\_\_\_
- 11. Please provide the total estimated contract fees for all design forms for this project: ..... \$ \_\_\_\_\_
- 12. Please advise the name of the prime design firm on this project: \_\_\_\_\_

**CLAIM HISTORY**

- 13. With regard to the specified client, contract, or project for which an additional limit is being requested, do you or any person or entity seeking coverage under this proposed policy have knowledge of any claim, incident, act, error, or omission that is or could be the basis of a professional liability claim? .....  Yes  No  
*If yes, please complete a Claim, Suit or Incident Supplement for each such incident, act, error, or omission.*

**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.

**FRAUD WARNINGS**

**Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH**

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.)

**Attention: Insureds in 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 felony of the 3<sup>rd</sup> degree, and may also be subject to a civil penalty.

**Attention: Insureds in ME, TN, VA, and WA**

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 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.

**SIGNATURE AND AUTHORIZATION**

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (Partner, Member, Officer, Shareholder)	Date
Name (print)	Title

\*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.

**Electronic Signature and Acceptance**

**Important Note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

**INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:**

Submitting Insurance Name: \_\_\_\_\_  Direct  Sub-produced

Address (City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Licensed producer name: \_\_\_\_\_ License number: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

In the section below you may provide additional information to any of the questions in this application (please reference the question number).