



**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.

NY 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 application "you" and "your" mean the entity or individual applying for this insurance.

APPLICANT INFORMATION

1. Your full legal name _____
2. Present Policy number _____ 3. Expiration Date _____

GENERAL INFORMATION

4. Has your status as a full-time, private practice law firm changed?..... Yes No
If yes, please provide details including the number of hours worked per week in your law practice:.
5. Please complete a New Attorney Information Supplement for any attorneys who have joined your firm since the completion of your last application.
6. Has your firm generated revenue from legal services rendered in any of the following areas of practice:
 SEC/Bond Class Action/Mass Tort Intellectual Property Entertainment Environmental
 Oil/Gas/Natural Resources Plaintiff-Medical Malpractice and/or Plaintiff-Legal Malpractice
- If yes please provide specific details:*
7. How many attorneys have completed an ethics or loss prevention related seminar during the past 12 months? _____
8. Please estimate the number of hours of Pro Bono legal work provided during the past 12 months. _____

PRIOR INSURANCE AND CLAIM HISTORY

9. Since the completion of your last application have you or any of your attorneys been made aware of a claim or circumstance that could result in a claim or has there been a change in the status of any claim reported to other insurance companies within the past five years?..... Yes No
If yes, please complete a Claim, Suit, or Incident Supplement and indicate how many are attached..... _____

10. Since the completion of your last application:
- a. Have you or any of your attorneys had a disciplinary complaint filed with any court, administrative agency or regulatory body or has there been a change in the status of a disciplinary complaint disclosed on a previous application? Yes No
 - b. Have you or any of your attorneys been disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? Yes No
- If yes to any part of this question please provide details:*

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

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 3rd 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 of 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 apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse, or other device to click the "Accept" button 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.

Accept

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 agency name Direct Sub-produced

Address (street, 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 (reference the question number).