



**Travelers Casualty and Surety Company of America**  
**Hartford, Connecticut**

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

**APPLICANT INFORMATION**

1.  New Business                       Current Travelers policy number \_\_\_\_\_
2. Your full legal name \_\_\_\_\_

**INDIVIDUAL INSTITUTION INFORMATION**

1. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
3. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

4. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

5. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

6. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does Travelers provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

***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**

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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.

**ADDITIONAL INFORMATION**

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