



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 _____

GENERAL INFORMATION

3. Please complete the following chart for attorneys providing legal services in the Oil/Gas/Minerals field in the past five years:

Attorney Name	Years of Experience within this field	Percentage of Time Devoted Per Year
		%
		%
		%

4. Please complete the following chart for your top five Oil/Gas/Minerals Clients:

Client Name	Type of Client	Type of Business	Gross Billable Hours

5. Are title searches performed related to this practice area? Yes No

6. Do you or any or your attorneys have an ownership interest in any client(s) within this field?..... Yes No

7. Please advise if you or any of your attorneys are involved in the following with relation to your Oil & Gas practice:

- a. contract drafting? Yes No
- b. oil and gas leases? Yes No
- c. title opinions? Yes No
- d seismic agreements? Yes No
- e purchase and sale agreements? Yes No
- f liens ? Yes No
- g royalty agreements? Yes No
- h taxation?..... Yes No
- i. the valuation of subsurface oil and gas?..... Yes No
- j. naturally occurring radioactive material (NORM) litigation?..... Yes No
- k. environmental issues (eg: OPA 90 regulations, air permit and water permit issuance)?..... Yes No
- l. loans secured by oil and gas leases?..... Yes No
- m. mineral leases? Yes No

If yes to any part of Question 7, please describe:

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.

ADDITIONAL INFORMATION

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