



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

ATTACH A COPY OF YOUR LETTERHEAD FOR EACH OFFICE LOCATION IF DIFFERENT

3. List address(es) of other office(s):

4. Does responsibility for your other practice or office location(s) rest with management at your principal location?..... Yes No

5. Is at least one of your attorneys admitted to the bar of each state where you practice?..... Yes No
If no, please describe your practice in such states fully, including any association with other law firms or pro hac vice reliance:

6. Do personnel at the additional location(s) utilized different letterhead than that used at your principal location?..... Yes No
If yes, please provide samples.

7. Is the nature of your legal practice in the additional location(s) different than your legal practice in your principal office location?..... Yes No
If yes, please describe:

8. Please complete the following table for revenues and total number or personnel assigned to each of your office location(s):

	Primary Location	Location (a)	Location (b)	Location (c)	Location (d)
Revenues					
Owners, Officers or partners					
Employed Attorneys					
Of Counsels					
Paralegals or law Clerks					
Other Staff					

9. Are your other office location(s) staffed on a full-time basis?..... Yes No

If no, please identify the location and describe the situation:

10. Do you have any legal practice outside of the United states or give advice on non-U.S. law?..... Yes No

If yes, please identify the nature and type of legal services and clients represented, whether there is a staffed office location and whether there is any client representation in non-U.S. courts or legal systems:

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).