



Travelers Casualty and Surety Company of America  
Hartford, Connecticut 06183

**GENERAL INFORMATION**

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Agency	Code	Agent Name/License Number	Policy Number

1. **Applicant** Information:

Name of **Applicant**: \_\_\_\_\_

Year **Applicant's** Business Was Established: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website Address: \_\_\_\_\_

2. Description of **Applicant's** Operations: \_\_\_\_\_

3. Does the **Applicant** now have tax exempt status under the United States Internal Revenue Code? Yes No
4. Is the **Applicant** a subsidiary of a foreign parent? Yes No
5. Does the **Applicant** currently file, or do they anticipate in the next 6 months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No
6. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? **If "Yes", please attach an explanation** Yes No
7. Does the **Applicant** or any person(s) to be covered under this policy have knowledge or information of any specific fact which may reasonably give rise to a claim? **If "Yes", please attach an explanation** Yes No

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>(please indicate negative figures with "(" or "-", as appropriate)</i>	Most Recent FYE (Month/Year) /	Prior FYE (Month/Year) /
1. Total Assets		
2. Net Equity/Net Assets (Deficit Equity)		
3. Revenues		
4. Net Income (Net Loss)		

**CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS**

Expiring Limit	Expiring Deductible	Requested Limit	Requested Deductible

Expiring Insurer: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

**INCIDENT/LOSS INFORMATION**

Has the **Applicant** or any person or entity proposed for this insurance been involved in a kidnapping, detention, hijacking, or extortion for ransom incident during the past three years? Yes No

**If "Yes", please complete the table below**

*To the extent that any incident required to be disclosed in response to this question is an "Insured Event" as defined by the Policy, and such "Insured Event" first occurred and was "Discovered" prior to the policy period requested hereunder, such "Insured Event" and any corresponding loss, expense and fee payment is excluded from coverage under this policy.*

Date of Incident	Amount of Loss	Description of Incident	Corrective Procedures Implemented
	\$		
	\$		

## FOREIGN EXPOSURE

*\*Please complete the following questions regarding foreign locations and travel.*

1. Do directors, officers or other employees of the **Applicant** take trips outside the United States and Canada? **If “Yes”, please provide travel information for the previous 12 months and upcoming 12 months** Yes      No

Country	Number of Trips	Number of Individuals	Average Length of Trips

**To enter more information, please attach a separate page to the application**

2. Are there any permanent foreign locations of the **Applicant**? Yes      No  
**If “Yes”, please provide both the existing and anticipated foreign locations:**

Country	Type of Operation (i.e. Sales, Mfg.)	Number of Employees

**To enter more information, please attach a separate page to the application**

3. Are steps taken to ensure an Insured Person’s safety when traveling outside the United States? **If “Yes”, please attach an explanation** Yes      No
4. Are steps taken to ensure the safety of Insured Person(s) and Premises permanently located outside of the United States? **If “Yes”, please attach an explanation** Yes      No

## SIGNATURE SECTION

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.**

**ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.**

*Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA*

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.)*

*(In Pennsylvania, 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 or concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)*

*(In Washington, 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.)*

Signature of **Applicant’s** Authorized Representative (President or CEO): \_\_\_\_\_ Title: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL INFORMATION

*This page may be used to provide additional information to any question on this application. Please identify the Section and Question Number (e.g., General Information, #6).*

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [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.