



**Travelers Casualty and Surety Company of America**

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES MAY BE INCLUDED WITHIN THE LIMITS OF COVERAGE AND DEDUCTIBLE.

**IMPORTANT NOTE – NEW YORK:** DEFENSE EXPENSES MAY REDUCE UP TO 50% OF THE LIMITS OF COVERAGE, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed Named Insured:	Today's Date:
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“Trade” or “Doing Business As” Name(s):

Mailing Address:

Physical Address (if different):

Primary Contact Name and Title:

Telephone Number:	Fax Number:	Email Address:	Web Address:
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Type of Legal Entity:

Individual       General Partnership       Limited Partnership  
 Corporation       Limited Liability Company       Other: \_\_\_\_\_

Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Date Business Started:
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List all other office locations:	List all states where professional services are provided, and indicate the percentage of total revenue for such services in each state:
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Requested Coverage Limits:  \$250,000/\$250,000     \$500,000/\$500,000     \$1,000,000/\$1,000,000     Other: \_\_\_\_\_

Requested Deductible:  \$1,000     \$2,500     \$5,000     \$10,000     Other: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Provide the following information for all owners and managers:

<i>Name</i>	<i>Position</i>	<i>Professional Designations / Certifications</i>	<i>Percentage of Ownership (Must Equal 100%)</i>	<i>Year First Licensed/Certified</i>	<i>Number of Years Managing This Firm</i>
				Agent: Broker:	
				Agent: Broker:	
				Agent: Broker:	

2. How many owners, employees, and independent contractors are performing professional services for the firm?

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Average Years of Experience: \_\_\_\_\_

3. Is there any parent, subsidiary, predecessor firm, limited liability partnership, limited liability company, or any person or entity operating under a "trade" or "doing business as" name, not listed in the GENERAL INFORMATION section through which the Proposed Named Insured provides professional services? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

4. Is coverage desired for any parent, subsidiary, predecessor firm, limited liability partnership, limited liability company, or any person or entity besides the person or entity listed in the GENERAL INFORMATION section as Proposed Named Insured? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

5. Is the firm owned, managed, or controlled by any other entity? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

6. Does the firm, or any member of the firm including any independent contractor, own, manage, or control any other entity, including any subsidiary? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application, and complete the following:*

- a. Does the firm or any member of the firm refer clients to such other entity? .....  Yes  No
- b. Is written disclosure of such ownership, management, or control provided to each client referred? .....  Yes  No

7. Complete the following chart for each service provided. If this is a start-up business provide projections.

Service	Most Recent 12 Months (Not Fiscal Year)		Prior 12 Months
	Number of Transactions	Gross Commissions and Fees	Gross Commissions and Fees
Residential: Sales		\$	\$
Leasing		\$	\$
Land and Lots		\$	\$
Vacation Rentals*		\$	\$
Property Management*		\$	\$
Appraising*		\$	\$
Auctioneering*		\$	\$
Commercial: Sales		\$	\$
Leasing		\$	\$
Land and Lots		\$	\$
Property Management*		\$	\$
Appraising*		\$	\$
Auctioneering*		\$	\$
Broker Price Opinions:		\$	\$
Other:		\$	\$
TOTALS:		\$	\$

\* Indicates services that require the completion of the Other Real Estate Professional Services Additional Information Request.

8. Complete the following chart for the transactions listed in Question 7. Estimates are acceptable.

Sale Price / Transaction Value	Number of Transactions		Sale Price / Transaction Value	Number of Transactions	
	Residential	Commercial		Residential	Commercial
Less than \$250,000			\$1,000,001 - \$3,000,000		
\$250,001 - \$500,000			\$3,000,001 - \$10,000,000		
\$500,001 - \$1,000,000			Greater than \$10,000,000		

9. Complete the following chart for Commercial Properties for the most recent 12 months. If this is a start-up business provide projections.

	Number of Transactions			Number of Transactions	
	Sales	Leasing		Sales	Leasing
Apartments/Condos/Co-ops			Strip Malls/Shopping Centers		
Hotels/Motels			Retail Space		
Industrial/Manufacturing			Offices		
Land			Warehouses		
Mixed Use Developments			Other: _____		

10. Does anyone in the firm provide any of the following services:

Development/Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sale/Lease/Management of Time Shares	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Brokering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Brokering	<input type="checkbox"/> Yes <input type="checkbox"/> No	Condo/Association Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formation/Management of REITS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, is separate Errors and Omissions insurance in place for these services?.....  Yes  No

11. Is more than 10% of the firm's income derived from any one development, subdivision, or client? .....  Yes  No

12. For the most recent 12 months, has the firm, or any member of the firm including any independent contractor, provided professional services in conjunction with any property in which the firm or firm member had, or was seeking, an ownership interest? .....  Yes  No  
*If yes:*
- a. What percentage of the firm's total revenue was derived from professional services provided in conjunction with all such properties? \_\_\_\_\_ %
- b. Was written disclosure of the ownership interest provided to the purchasers of any such properties? .....  Yes  No
13. For the most recent 12 months, has the firm, or any member of the firm including any independent contractor, provided professional services in conjunction with any foreclosed/REO property? .....  Yes  No  
*If yes:*
- a. What percentage of the firm's total transactions were provided in conjunction with all such properties? \_\_\_\_\_ %
- b. Did the firm or any member of the firm arrange for the removal of personal property from such properties? .....  Yes  No
- c. Were property management services performed on behalf of any lender in conjunction with such properties? .....  Yes  No
- If yes to b. or c., was there a contract with the lender for such services? .....  Yes  No*
14. For the most recent 12 months, what percentage of sales transactions included:
- a. A signed seller's property disclosure statement? \_\_\_\_\_ %
- b. A property inspection? \_\_\_\_\_ %
- If property inspections are declined by the buyer, are such declinations required to be in writing? ...  Yes  No*
15. For the most recent 12 months, indicate the percentage of sales transactions in which the firm, or any member of the firm including any independent contractor, acted as dual agent representing both buyer and seller: \_\_\_\_\_ %
- Is this dual capacity disclosed in writing on all such transactions? .....  Yes  No*

**RISK MANAGEMENT**

16. For the most recent 12 months, what percentage of professional staff, including independent contractors, participated in:
- a. Continuing education courses exceeding state required minimums? \_\_\_\_\_ %
- b. Risk reduction seminars? \_\_\_\_\_ %
17. Does the firm:
- a. Document each file with your recommendations and your client's instructions? .....  Yes  No
- b. Have written procedures in place to notify management of problem transactions? .....  Yes  No
- c. Have a written internal policy or procedure manual? .....  Yes  No
- d. Use in-house legal counsel, legal counsel on retainer, or risk manager on retainer? .....  Yes  No
- If no to any of above, please provide details in the Additional Information section at the end of this application.*

**PRIOR INSURANCE AND CLAIM HISTORY**

18. Has any claim involving professional services been made against you, your firm, or any member of your firm during the past five years or earlier if still pending? .....  Yes  No  
*If yes, please attach a copy of the firm's professional liability loss runs for the past five years.*
19. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? .....  Yes  No  
*If yes, please complete a Claim, Suit, or Incident Additional Information Request for each incident, act, error, or omission.*

20. Complete the following chart for professional liability insurance coverage carried during the past five years:  
 Check here if none:

	<i>Carrier</i>	<i>Policy Period</i>	<i>Limit of Liability</i>	<i>Deductible Amount</i>	<i>Premium</i>	<i>Retroactive Date</i>
Current year		to	\$	\$	\$	
Prior Year 1		to	\$	\$	\$	
Prior Year 2		to	\$	\$	\$	
Prior Year 3		to	\$	\$	\$	
Prior Year 4		to	\$	\$	\$	

21. Has any member of the firm, including any independent contractor, ever had their professional license revoked, suspended, been formally reprimanded, or been the subject of a disciplinary action? ..  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

22. Has any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance nonrenewed or cancelled, including for nonpayment of premium? (Missouri applicants: Do not complete).....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

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](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.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverage of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

**FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:**

**ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND 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 concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND 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.

## SIGNATURES

I declare that I have examined this application and accompanying supplements and materials, and to the best of my knowledge and belief, after reasonable inquiry, they are true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this application.

Authorized Representative Signature:*	Authorized Representative Name - Printed:	Date:
<b>X</b>		
Producer Signature: *	State Producer License No. (required in FL):	Date:
<b>X</b>		
Agency:	Agency Contact:	Agency Phone Number:

\*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box 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.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

## ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference section name and question number.