



Travelers Casualty and Surety Company of America
Hartford, Connecticut

IMPORTANT NOTE: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

NEW YORK DEFENSE EXPENSES NOTICE: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Please complete a separate Condominium Supplement for each of your three largest condominium projects, based on the billings or projected billings for such project, that were either initiated or completed within the past 5 years, or that are expected to begin within the next 12 months. Please provide estimated information only when actual information is not available.

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

1. New Business Current Travelers Policy Number: _____

APPLICANT INFORMATION

2. Your Full Legal Name _____

PROJECT INFORMATION

3. Project Name: _____ 4. Project city and state: _____
5. When did, or will, you begin the design? (mm/yyyy) _____
6. What is the actual or estimated date of substantial completion? (mm/yyyy) _____
7. Is the project located within 10 miles of a coastline? Yes No
8. What is the type of project? Residential Commercial Mixed Use
9. Please describe your services for the project: _____
10. What are your actual or estimated total billings, including consultants fees, for this project?..... \$ _____
11. What are the actual or estimated construction values for this project? \$ _____
12. Please provide the number of stories for this structure: _____
13. Which of the following best describes this project? New construction
 Renovation of an existing condominium Conversion of an existing structure into a condominium
14. Please describe your construction administrative services for the project: _____
15. What is the name of the owner/developer? _____
16. What is the name of your client for this project? _____
17. What is the name of the prime contract holder for professional services for this project? _____
18. Which type of contract, between you and your client, applies to this project?
 Professional association contract Client drafted contract Purchase order
 Your standard contract Letter agreement Verbal agreement
 Other (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 to 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 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

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.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Submitting Insurance Name: _____ Direct Sub-produced
Address (City, State, Zip Code): _____
Phone: _____ Fax: _____ Email: _____
Licensed producer name: _____ License number: _____

ADDITIONAL INFORMATION:

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