



Miscellaneous Professional Liability
Associations Additional Information Request

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 ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND RETENTION, AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

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

GENERAL INFORMATION

Form with fields: Proposed Named Insured, Today's Date, Proposed Effective Date, Proposed Expiration Date, Type of Association.

ASSOCIATION INFORMATION

- 1. Check all the services you provide:
Publication*, Support Marketing*, Public Relations*, Insurance, Legal advice, Financial Advice, Credentialing, Advertising*, Peer Review, Certification, Event Planning, Seal of Approval, Risk Management, Other:

If any of the asterisked (*) services above are checked, answer questions a.-c.:

- a. Do services involve the design of logos or trademarks?
If yes, please advise:
i. Number of trademarks developed per year:
ii. Are legal procedures in place for handling copyrights/trademarks?
If yes, is legal review provided by in-house or outside counsel?
b. Is client approval required for all materials prior to publishing/advertising?
c. What controls and procedures are in place to prevent libel/slander, and to ensure accuracy in all works created?

- 2. Do you create, develop, aggregate or publish standards or specifications?
If yes:

- a. Are your standards: Mandatory Voluntary
b. How often are standards reviewed?
c. Are standards reviewed and approved by any governmental agencies?
If yes, explain:
d. Do you utilize legal counsel to review standards/procedures?

- 3. Do you administer certification or accreditation programs?
If yes:

a. List program(s) and give a description:

- b. Who sets the standards for the certification/accreditation programs offered by you?

- c. Do you publish or issue a seal of approval or statement that a product or service meets certain required standards? Yes No
If yes:
- i. List the criteria utilized to evaluate compliance (prior to issuing a seal or stamp of approval):

- d. Do you have written procedures for appealing the denial, withholding or withdrawal of a certification, accreditation, seal or stamp? Yes No
- e. Do you use outside resources (e.g. testing labs, quality control) to test, examine or analyze items, persons or processes to be certified or accredited? Yes No

If yes, attach a specimen copy of an agreement/contract you use to establish the scope of services and the responsibilities of each party involved.

Please provide documentation of standards.

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

It is understood and agreed that this additional information request shall become part of the application for Professional Liability Errors & Omissions Insurance.

SIGNATURES

I acknowledge that this document is to be read in conjunction with the core application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the core application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

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

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you 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