



Miscellaneous Professional Liability
Human Resource Consultants
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 (mm/dd/yyyy), Proposed Expiration Date (mm/dd/yyyy)

HUMAN RESOURCE CONSULTANTS INFORMATION

- 1. Do you consult on any of the following? If yes, indicate percentage of your total revenues:
a. Methods of financing or obtaining funds
b. Management of any escrow accounts, trust funds, insurance plans, or investment portfolios
c. Estimation of rates of return or future values
d. Compensation levels/rewards for employees
e. Offer advice on employment practices issues
f. Drafting employee handbook or standards
g. Life/workplace safety issues
h. Mergers and Acquisitions
i. Outsourcing including staff placement
j. Talent acquisition and management including
k. Downsizing/layoffs, severance, and employee terminations
l. HR technology implementation
2. Do you have any discretionary authority to act on behalf of client or implement actions on behalf of client?
3. Do you review, consult, or design any benefit plans?
4. Do you use a written contract or letter of engagement with clients?
5. Explain your processes and procedures for collecting delinquent fees from clients.

6. Are you ever involved with individual/specific employee matters where legal counsel is involved?..... Yes No
If yes, explain: _____
7. Are you involved with the negotiation of contractual relationships on client's behalf or have discretionary authority? Yes No
8. Are you providing any legal counseling? Yes No

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

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.

SIGNATURES

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

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