



**INSURANCE PROFESSIONALS LIABILITY COVERAGE
LIFE, HEALTH AND ACCIDENT INSURANCE AGENTS OR BROKERS
PROPERTY AND CASUALTY PROFESSIONAL LIABILITY INSURANCE SUPPLEMENT**

PLEASE COMPLETE THE FOLLOWING ONLY IF PROPERTY AND CASUALTY PROFESSIONAL LIABILITY COVERAGE IS DESIRED. IF MORE FORMS ARE NEEDED, MAKE A COPY OF THIS SUPPLEMENT BEFORE COMPLETEING.

Applicant Name	Policy Number
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1. In the table below please provide the dollar amounts of annual Property and Casualty revenue. This revenue should be included in the Gross Annual Revenue amount of the Life and Health application (new and renewal):

	Last Fiscal Year	Estimated Next Year
Gross Property / Casualty Annual Revenues (prior to expenses / deductions)	\$	\$

2. Provide the total annual gross revenue from substandard Property and Casualty business. \$
(Including surcharged auto, assigned risk auto, assigned risk pools for auto, workers compensation, property, etc.)

3. Please provide the approximate percentage breakdown of total Property and Casualty annual revenue for business placed as:

a. An Agent (with or without binding authority).....	%
b. A Broker (through other agents)	%
Total = 100%	

4. Please give the approximate percentage breakdown of annual Property and Casualty revenue for business received or assumed:

a. Direct from insureds:.....	%
b. From other agencies, brokers or non-employee producers who receive payment from you or your carriers for this business	%
Total = 100%	

5. Indicate the approximate annual revenue of the applicant's total Property and Casualty business for each category below.
The total annual Property and Casualty revenue for your agency must be accounted for below:

Lines of Business / Area of Operations	Total Annual Revenue	Lines of Business / Area of Operations	Total Annual Revenue
COMMERCIAL LINES:		PERSONAL LINES:	
Automobile – Standard		Automobile – Standard	
Automobile – Non-Standard		Automobile - Non-standard/Plan/CAR	
Automobile – Long Haul Trucking		Homeowners	
Aviation		Standard Fire	
Animal / Livestock Mortality		Non-Standard Fire	
Crop Insurance		Other Personal Lines business (specify)	
Bonds		Total Personal Lines Revenue	
Executive Liability, D&O			
Professional Liability (specify)			
Ocean or Inland Marine (specify)		OTHER P&C OPERATIONS / SERVICES REVENUES:	
Excess and Surplus Lines		Consulting	
Businessowners Package		Loss Control / Risk Management	
Commercial Package		Claims Adjusting / Administration	
Commercial General Liability (CGL)		OSHA / Environmental Audits	
Fire - Standard		Certified Training Programs	
Fire – Nonstandard (Fair Plan)			
Flood Insurance			
Workers Compensation (other than California 24 hour compensation)		Actuarial Services	
Other Commercial business (specify)		Other Services / Operations (explain)	
Total Commercial Revenue		Total Other Ops / Services Revenue	

6. Provide the approximate annual Property and Casualty revenue for business written on a Non-admitted or Surplus Lines basis:..... \$ _____
- a. Is the applicant a licensed Surplus Lines Broker? Yes No
7. List all insurance companies that business is placed with by the applicant which accounts for 100% of your total Property and Casualty revenue. (Attach a separate sheet if necessary). Insurance company includes any reinsurer, syndicate, association, or any other organization formed for the purposes of providing insurance or reinsurance.

Company Name	Binding Authority (Yes/No)	Current A.M. Best Rating	Percent of Total Revenue
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%

8. List all Property and Casualty Companies that either the applicant or company have terminated the relationship during the past five (5) years and reason for termination. *If none check here* .

Company Name	Date of Termination	Reason for Termination

9. List the Property and Casualty insurance agents or brokers professional liability insurance carrier for the past five (5) years (*check here if no insurance*):

Insurance Company	Limit of Liability	Deductible or Retention	Policy Period	Retroactive Date, if any	Premium

10. During the past five years, has any insurance carrier declined, cancelled, or refused to renew the applicant's Property and Casualty liability insurance for any reason? (not applicable in Missouri) Yes No
- If yes, please provide complete details including the name of the carrier, the date and reason for declination, cancellation or non-renewal on a separate sheet attached to this supplement.*
11. After inquiry, is any owner, officer, principal, partner, manager or supervisor of the applicant aware of:
- a. Any Property and Casualty liability insurance claims against them, the applicant firm, or predecessor firm during the past five (5) years? Yes No
- b. Any services or incidents that might reasonably be expected to lead to a Property and Casualty liability insurance claim or suit against them, the applicant firm or a predecessor firm? Yes No
- If yes, to either question, please complete a **Supplemental Claim Form**.*

Fraud Warnings

Attention: Insureds in Alabama, Arkansas, D.C., 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.

Attention: Insureds in 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.

Attention: Insureds in 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.

Attention: Insureds in 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.)

Attention: Insureds in 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.

Attention: Insureds in 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.

Attention: Insureds in 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.

Signature

I acknowledge that this document is to be read in conjunction with the main Travelers 1st Choice+ Insurance Professionals Liability Coverage Life, Health and Accident Insurance Agents or Brokers Professional Liability Insurance Claims Made Application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the main application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Signature
(Partner, Member, Officer, Proprietor)

Name (Printed)

Title

Date

Please send completed forms to Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, P.O. Box 8146, Des Moines, IA 50306-8146, Telephone: 888-424-2310, Fax: 515-365-0494