



Travelers 1st ChoiceSM
INSURANCE PROFESSIONALS LIABILITY COVERAGE
LIFE, HEALTH AND ACCIDENT INSURANCE AGENTS OR BROKERS
SUB-AGENT/INDEPENDENT CONTRACTOR/NON-EMPLOYEE
PRODUCER SUPPLEMENT

PLEASE COMPLETE THE FOLLOWING ONLY IF YOU PLACE BUSINESS FOR OR DERIVE REVENUE FROM SUB-AGENTS, INDEPENDENT CONTRACTORS OR NON-EMPLOYEE PRODUCERS.

Applicant Name	Policy Number
----------------	---------------

1. Indicate the number of sub-agents, brokers, independent contractors or non-employee producers that place business through your agency during the past 12 months. _____

2. Are your sub-agents, brokers, independent contractors or non-employee producers compensated by you or are they paid commissions directly from your carriers?
 - Compensated directly by you
 - Compensated directly by Carrier
 - Both

3. For business placed through your agency, Indicate the total sub-agent, broker, independent contractor or non-employee producer annual compensation:
 - a. Paid directly to non-employee producers by the insurance carriers or providers..... \$ _____
 - b. Paid to non-employee producers by you or your agency. \$ _____
 (These amounts should be included in the total revenue listed on your application).

4. For your sub-produced business indicate:
 - a. Average over-ride commission you receive _____ %
 - b. Average commission paid to non-employee producers. _____ %

5. Do you or your insurance carriers require your non-employee producers, sub-agents / brokers have an professional liability insurance policy of their own? Yes No

6. Do you or your insurance carriers obtain evidence each year that all your sub-agents / brokers carry professional liability insurance coverage?..... Yes No
 - a. If yes, do you or your insurance carriers require your non-employee producers to maintain professional liability insurance limits of at least \$1,000,000 each claim with a carrier rated A- or better by A.M. Best Company? Yes No

7. Do you provide periodic training sessions and/or educational seminars to your non-employee producers, independent contractors or sub-producers relevant to product information, client services and risk management?..... Yes No
 (if "Yes", provide a brief description of these training seminars and their frequency below)

8. Furnish a brief narrative description of the services and training your firm provides to non-employee producers.

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: 515-243-2331**