



Travelers Casualty and Surety Company of America

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.
 An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s):		Date Business Started <i>(mm/dd/yyyy)</i> :
Mailing Address:		
Telephone Number:	Web Address:	
Name of prior carrier:		
Proposed Effective Date <i>(mm/dd/yyyy)</i> :	Proposed Expiration Date <i>(mm/dd/yyyy)</i> :	
Insured is a (check the appropriate box):		
<input type="checkbox"/> Stock Broker <input type="checkbox"/> Investment Banker <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Investment Adviser <input type="checkbox"/> Foundation <input type="checkbox"/> Endowment Fund <input type="checkbox"/> Dealer in Securities (not Dealer in Mortgages or Commercial Paper) <input type="checkbox"/> Investment Trust (not Small Business Investment Company or Real Estate Investment Trust) <input type="checkbox"/> Commodity Broker (if Stock Exchange Member) <input type="checkbox"/> Other (<i>describe</i>): _____		
Do you have any subsidiaries that engage in operations different from that checked in the question above?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, describe each operation:</i> _____		
Insured is a (check the appropriate box): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		

COVERAGE INFORMATION

1. Aggregate Limit of Liability: \$ _____
2. List exchanges which you are a member of: _____
3. Are you a member of the Financial Institution Regulatory Authority (FINRA)? Yes No
4. For all insureds, show the total number of:

(a) Salaried officers and employees, persons provided by employment contractors	_____
(b) Partners (<i>if coverage is desired</i>)	+ _____
(c) Total number of employees	= _____
(d) FINRA Registered Representatives (<i>other than those counted in (a) above</i>)	_____
(e) Locations (<i>other than the Home Office of the first Named Insured</i>) in the U.S., Canada, Puerto Rico and Virgin Islands	_____
(f) Locations outside the U.S., Canada, Puerto Rico and Virgin Islands, (<i>list below</i>):	_____
5. Complete the following for Total Assets:

(a) As of latest Dec. 31: \$ _____	(b) As of latest June 30: \$ _____
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6. Complete the following for optional coverages desired:

<i>Form of Coverage</i>		<i>Single Loss Limit</i>
(a) Is Insuring Agreement (D) — Forgery or Alteration Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
(b) Is Insuring Agreement (E) — Securities Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
(c) Is Kidnap and Ransom Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If yes, list locations (if any) to be excluded.

(d) Is Computer Systems Fraud Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<i>If yes, complete the following:</i>		
(1) Insured's Computer Systems – For Computer Systems you operate, whether owned or leased:		
a) Number of independent software contractors authorized to design, implement or service programs for your System(s)		
b) Is access to your System(s) by customers or other outside parties permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(2) Other Computer Systems

List below other Computer System(s) for which coverage is desired:

(e) Is coverage desired on businesses engaged in the data processing of your checks or other accounting records? Yes No

If yes, list the name and location of each data processor. : _____

7. Are you a direct participant in a depository for the central handling of securities? Yes No

If yes, list below the name and location of each depository: _____

8. If coverage is being written on an excess, concurrent or co-surety basis, show the names of the other carriers and bond limits. In the case of co-surety also show percentage participations:

9. If coverage is being written on a coinsurance basis, show your percentage participation. _____%
(NOTE: Insured may assume a participation of between 5% and 25%.)

10. Are accounts insured by the Securities Investors Protection Corporation? Yes No

11. Do you have custody of clients' property? Yes No

DEDUCTIBLE INFORMATION

12. Deductibles desired:

NOTE: Deductibles on Insuring Agreements (D) and (E) must be at least equal to that carried on the Basic Bond Coverage. Deductibles on Kidnap and Ransom Coverage may be written in any amount.

<i>Coverage</i>	<i>Single Loss Deductible</i>
(a) All coverages except Insuring Agreements (D), (E) and Kidnap and Ransom	\$
(b) Insuring Agreement (D) - Forgery for Alteration	\$
(c) Insuring Agreement (E) - Securities	\$
(d) Kidnap and Ransom	\$

AUDIT INFORMATION

13. Scope of financial statement preparation:
 Internal CPA Compilation CPA Review CPA Audit None
14. Have you changed outside auditors in the last 3 years? N/A Yes No
If yes, use the Additional Information section for explanation.
15. Name and location of CPA: _____
16. Have the outside auditors stated there are any significant deficiencies and/or material weaknesses in your systems of internal controls? N/A Yes No
If yes, use the Additional Information section for explanation and provide the latest CPA letter to management and management's response.
17. Have you implemented all material recommendations of the auditor? N/A Yes No
If no, provide an explanation in the Additional Information section.
18. Is the audit report rendered directly to all partners if a partnership or to the Board of Directors if a corporation? Yes No
19. Is there a continuous internal audit by an Internal Audit Department? Yes No
If yes, are monthly reports rendered directly to all partners if a partnership or to the Board of Directors if a corporation? Yes No

INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES)

20. Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
If no, explain: _____
21. Is countersignature of checks required? Yes No
If no, explain: _____
22. Are monthly statements (whether or not there was activity in the account) mailed directly to all customers? Yes No
If no, explain: _____
23. Do you allow for statements to be held for pick-up at any of your locations? Yes No
If yes, explain: _____
24. Are all customer complaints handled by employees other than those employees involved directly in the initial transactions? Yes No
If no, explain: _____
25. Has there been any change in ownership or management within the past three years? Yes No
If yes, explain: _____
26. Has any insurance been declined or canceled during the past three years? Yes No
If yes, explain (Missouri applicants: do not complete): _____

LOSS INFORMATION

27. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Check if none

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Main Office, state location
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents:

- Copy of the most recent CPA Audit Financial Statement (if not filed with the SEC)
- Copy of the most recent CPA Letter to Management with regards to internal controls (including management's response)
- Copy of your most recently quarterly FOCUS Report (if applicable)

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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.

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

The undersigned officer of the applicant (authorized representative) declares that to the best of his/her knowledge and belief, the statements set forth in this application for insurance and material submitted therewith are true and complete. Such application and materials will be relied on by Travelers and be the basis of the insurance. In North Carolina, this application shall not constitute part of the bond applied for. If any information in this application changes prior to the inception date of the bond, the applicant will notify Travelers of such changes and Travelers may modify or withdraw any outstanding quotation. Travelers is authorized to make inquiry in connection with this application. The signing of this application does not bind Travelers to offer, nor the applicant to purchase, the insurance.

Producer information only required in Florida, Iowa, and New Hampshire.

Authorized Representative Signature*: X	Authorized Representative Name - Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
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

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.
