TRAVELERS

**Travelers 1st Choice SM**
***PROFESSIONAL LIABILITY COVERAGE***
***CLAIM, SUIT, OR INCIDENT SUPPLEMENT***

**Travelers Casualty and Surety Company of America**
Hartford, Connecticut

***Important Note:*** You must report any known claim or suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability carrier before the claim reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission known before the effective date of any insurance policy issued by Travelers may be excluded from coverage under any such policy whether or not such knowledge is disclosed in this supplement.

***PLEASE COMPLETE A SEPARATE FORM FOR EACH CLAIM, SUIT, OR INCIDENT***
***Throughout this supplement "you" and "your" means the entity or individual applying for this insurance.***

1. ☐ New Business ☐ Current Travelers Policy Number: _____

## *APPLICANT INFORMATION*

2. Your Full Legal Name _____

## *CLAIM, SUIT OR INCIDENT INFORMATION*

3. Name(s) of individual(s) at firm involved in the claim, suit or incident: _____
4. Additional defendants, if any: _____
5. Name(s) of claimant(s): _____
6. Date of the alleged wrongful act: ..... _____
7. Has this claim, suit, or incident been reported to another professional liability carrier? ..... ☐ Yes ☐ No
8. This matter is currently a/an: ☐ Pending claim or suit ☐ Closed claim or suit ☐ Incident only

## *PENDING CLAIM OR SUIT*

Please complete this section if this matter is a pending claim or suit:

9. Date of the claim or suit: ..... _____
10. Is claim in suit? ..... ☐ Yes ☐ No
11. Claimants settlement demand: $ _____
12. Defendant's offer for settlement: $ _____
13. Insurer's loss reserve: .....$ _____
14. Defense costs paid to date: ..... $ _____

## *CLOSED CLAIM OR SUIT*

Please complete this section if this matter is a closed claim or suit:

15. Date of claim or suit: ..... _____
16. Total indemnity paid: ..... $ _____
17. Total defense costs paid: .....$ _____
18. Deductible paid: ..... $ _____
19. Matter was: ☐ Closed without payment ☐ Court judgment ☐ Out of court settlement

## *DESCRIPTION OF CLAIM, SUIT, OR INCIDENT*

Please provide enough information to allow evaluation, attaching a separate sheet if necessary. **DO NOT** attach a copy of the summons.

20. Type of professional services provided to claimant: _____
21. Name and type of project, if applicable:
22. Description of the alleged wrongful act upon which the claimant bases the claim: _____


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23. Description of the case and events: _____

24. Description of the type and extent of alleged injury or damage: _____

25. Description of any remedial measures implemented to avoid similar claims, suits, or incidents: _____

## *COMPENSATION NOTICE*

**Important Notice Regarding Compensation Disclosure**

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.

## *FRAUD WARNINGS*

**Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH**

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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 FL**

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 felony of the 3rd degree, and may also be subject to a civil penalty.

**Attention: Insureds in ME, TN, VA, and WA**

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 PA**

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.

## *SIGNATURE AND AUTHORIZATION*

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

| Signature* *(Partner, Member, Officer, Shareholder)* | Date |
|---|---|
| Name (print) | Title |


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***Important Note:*** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

## *INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:*

Submitting Insurance Name: Forrest T. Jones & Company ☐ Direct ☐ Sub-produced

Address (City, State, Zip Code): 3130 Broadway, Kansas City, MO 64111

Phone: (800) 821-7303 Ext.1157 Fax: (816) 968-0600 Email: lfiller@ftj.com

Licensed producer name: David J. Smith III License number:

## *ADDITIONAL INFORMATION:*

In the section below you may provide additional information to any of the questions in this application (please reference the question number).


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