



**Travelers 1<sup>st</sup> Choice** <sup>SM</sup>  
**ACCOUNTANTS PROFESSIONAL LIABILITY COVERAGE**  
**DISCRETIONARY AUTHORITY/FUNDS CONTROLLED SUPPLEMENT**

Travelers Casualty and Surety Company of America  
Hartford, Connecticut

**Important Note:** This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

**New York Defense Expenses Notice:** If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

**Throughout this supplement the terms "you" and "your" means the entity or individual applying for this insurance.**

**APPLICANT INFORMATION**

1. ☐ New business ☐ Current Travelers policy number: \_\_\_\_\_
2. Your full legal name: \_\_\_\_\_

**GENERAL INFORMATION**

3. Please complete the following chart for each client during the past five years to whom you or your employee provided asset management, financial planning or investment advisory services:

Name of Client	Nature of Client's Business	Date of Affiliation	Client Assets	Amount of Controlled Funds	Dual Signatures Required
					<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

4. Please describe your specific duties for the above clients:

5. Do you ensure that all client bank accounts are reconciled by someone other than your employees who are authorized to deposit, move or withdraw funds from the client's account?.....☐ Yes ☐ No
6. Do you obtain an annual signed engagement letter or annual written fee agreement that outlines your services rendered?.....☐ Yes ☐ No
7. Is your compensation fee based?.....☐ Yes ☐ No
8. Do you have discretionary authority to make other investments on behalf of the client?.....☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_

9. Do you maintain an employee dishonesty policy in connection with the discretionary authority services?.....☐Yes ☐No  
*If yes, please submit a copy of the Declarations page*
10. Do you engage the services of an outside investment or money manager?.....☐Yes ☐No
11. Would you consider any of the clients to whom you provide these services as high net worth (net worth of > \$10M), entertainment, or high profile?.....☐Yes ☐No  
*If yes, please provide details:*
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### **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](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 3<sup>rd</sup> 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 of 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

\*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and 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**

**Important note:** This supplement 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 agency name

☐ Direct

☐ Sub-produced

Address (street, city, state, zip code)

Phone

Fax

Email

Licensed producer name

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).