

Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IF ISSUED, THE POLICY WILL APPLY, SUBJECT TO ITS TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD, OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE APPLICABLE RETENTIONS. TRAVELERS HAS NO DUTY TO DEFEND ANY CLAIM.

GENERAL INFORMATION

1. Name of Applicant (entity to be the Named Insured of the policy)

2. Street Address

City	State	Zip Code	County
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3. Website Internet Address 4. Year Applicant was established 5. Applicant's SIC Code

6. Provide the following information for the Applicant:

Total # employees _____ (full time and part time, including leased, seasonal, and temporary employees)

% outside the U.S. _____

Investment Professionals _____ # Compliance Staff _____

Sales/Marketing _____ # Other (describe): _____

Total # of locations _____

7. Is requested coverage to include the Applicant's Subsidiaries? (As used in this Application, "Subsidiary" means an entity, other than a portfolio company, that is more than 50% directly owned or controlled by the Applicant) Yes No

If yes, provide a list of each Subsidiary, including the entity's name, percentage owned/controlled by the Applicant, nature of the business, location of the business, and the date acquired or created.

8. Complete the table by providing the number of full time and part time employees, including leased, seasonal, and temporary employees, and the number of volunteers and independent contractors for the Applicant and its subsidiaries:

As of Date of Application		Previous 12 Months		As of Date of Application	
# Full Time	# Part Time	# Full Time	# Part Time	# Volunteers	# Independent Contractors

9. Complete the table by providing information relating to the Applicant's fiscal year end (FYE):

	Most Recent FYE	Prior FYE	Projected FYE
Firm's Total Balance Sheet Assets	\$ _____	\$ _____	\$ _____

10. Have there been changes in senior management within the past 12 months? Yes No

If yes, attach full details for each change.

11. Has the Applicant or any Subsidiary conducted a private or public offering of its securities within the past 12 months, or is any such offering contemplated within the next 12 months?
If yes, attach full details, including the prospectus or private placement memorandum. Yes No
12. Is the Applicant or any Subsidiary considering reorganization under bankruptcy law?
If yes, attach full details. Yes No
13. Has the Applicant conducted any of the following activities within the last 24 months, or is the Applicant contemplating such activities within the next 12 months:
- a. An acquisition, tender offer, merger, consolidation, divestiture, or purchase or sale of assets exceeding 10% of its consolidated assets? Yes No
 - b. An offer, tender offer, or negotiation to purchase 5% or more of any class of voting stock? Yes No
 - c. The creation of a new business, subsidiary, or division? Yes No
 - d. Location, facility, office, or subsidiary closing, consolidation, or employee layoff? Yes No
- If any of the questions above were answered yes, attach an explanation, including the timing, essential terms of the event, arrangement, impact on employee base, and the surrounding circumstances.*

14. Complete the table by providing information for the Applicant's existing insurance programs:

Coverage	Date First Purchased	Current Insurer	Expiration Date	Expiring Limit	Expiring Retention	Expiring Premium
Private Equity Liability (D&O/E&O)				\$	\$	\$
Employment Practices Liability				\$	\$	\$
Fiduciary Liability				\$	\$	\$
Cyber Coverage				\$	\$	\$
General Liability Insurance				\$	\$	\$

15. Has any insurer declined, canceled, or refused to renew any of the coverages listed above?
If yes, attach full details. (not applicable in Missouri) Yes No
16. Has the Applicant or any of its subsidiaries reported a claim, or notice of circumstances that could reasonably give rise to a claim, to a previous or existing insurer under any of the coverages listed above?
If yes, attach full details. Yes No

LIMITS AND RETENTIONS

The following coverage options are available under this policy. Please fill in the limits and retentions for the coverages desired, then complete applicable sections below, and sign and date the Application.

Private Equity Liability (D&O and E&O) Limit of Liability: \$ _____ Retention: \$ _____
 Employment Practices Liability Limit of Liability: \$ _____ Retention: \$ _____
 Fiduciary Liability Limit of Liability: \$ _____ Retention: \$ _____

PRIVATE EQUITY INFORMATION

1. List all private equity firms proposed for this insurance ("Private Equity Firms").

If there are additional Private Equity Firms, attach full details.

2. Complete the table by providing information for the committed capital for active funds:

	Current (__/__/__)	As of 12 months ago (__/__/__)	As of 24 months ago (__/__/__)
Total Committed Capital			

3. Provide the total assets managed in co-investment vehicles or separately-managed accounts: \$ _____
4. Provide the following for the most recent fiscal year:
- a. Fees for managing private equity funds: \$ _____
 - b. Fees for consulting or advisory services provided to portfolio companies: \$ _____
 - c. Other income (describe): _____ \$ _____
 - d. Are fees from consulting services provided to portfolio companies used to offset fees charged for the management of private equity funds? Yes No
If yes, what percentage of the consulting fees is offset against management fees? _____%

5. Complete the table for all private equity funds proposed for this insurance ("Private Equity Funds") (*for additional Private Equity Funds, attach full details on a similar chart*):

Fund Name	Date Est.	Domicile	Total Committed Capital (\$mm)	GP's Committed Capital (\$mm)	Total Called Capital (\$mm)	Distributions (\$mm)

6. a. Provide the name of current outside legal counsel: _____
- b. Has there been any change in outside legal counsel in the past 3 years? Yes No
If yes, provide full details.
- c. Provide the name of the current custodian: _____
- d. Do you use a third party for valuing your investments? Yes No
If yes, provide the name of the third party. _____
- e. Provide the name of the current outside auditor: _____
- f. In the past 12 months, has there been a change in firms listed in (c), (d), or (e)? Yes No
If yes, attach full details of each change.
7. Describe the Private Equity Firm's primary investment focus, including whether the primary investment focus is the same for all funds sponsored since inception: _____
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8. Are any Private Equity Firms considering the formation and solicitation of funds for a new private equity fund in the next 12 months? Yes No
If yes, attach full details.
9. Do any Private Equity Firms or Private Equity Funds actively invest (for investment or hedging purposes) in securities offered on public exchanges? Yes No
If yes, attach full details.
10. Do any Private Equity Firms or Private Equity Funds invest in collateralized obligations or structured products? Yes No
If yes, attach full details.
11. Has any portfolio company filed for bankruptcy in the past 12 months? Yes No
If yes, attach full details.
12. Has any portfolio company issued public or 144(A) securities in the past 12 months? Yes No
If yes, attach full details.

13. Are any portfolio companies anticipating an IPO, or have registration statements been filed? Yes No
If yes, attach full details including the percentage of ownership, and whether a board seat is held.
14. Has any portfolio company been subject to a dividend recapitalization in the past 12 months? Yes No
If yes, attach full details.
15. Are the portfolio companies required to purchase directors and officers liability insurance? Yes No
16. Does the Private Equity Firm generally take control or a majority ownership position in portfolio companies? Yes No
17. Are any portfolio companies in violation of debt covenants? Yes No
18. Has there been, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration against a Private Equity Firm, Private Equity Fund, or any of their directors, officers, general partners, trustees, principals, members of the board of managers, management committee members, employees, or any other person proposed for this insurance, including but not limited to claim involving securities law and investigations by the SEC or other regulatory or enforcement agencies? Yes No
If yes, attach full details, including the date, nature of the claim, amount paid for defense and/or damages, whether it was covered by insurance, any corrective procedures implemented, and the current status.
19. Has a claim, or notice of circumstances that could reasonably give rise to a claim, been reported to a previous or existing insurer providing Private Equity Firm, Private Equity Fund, or General Partner liability coverage? Yes No
If yes, attach full details.
20. Does a Private Equity Firm, Private Equity Fund, or any of their directors, officers, general partners, trustees, principals, members of the board of managers, management committee members, employees, or any other person proposed for this insurance, have any knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim that would fall within the scope of the proposed insurance? Yes No
If yes, attach full details.

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

As part of this Application, please provide copies the documents listed below for each Private Equity Firm and Fund proposed for insurance. The documents, as well as the representations and facts contained within such documents are made a part of this Application; the Insurer may elect to obtain requested information from public sources, including the Internet.

Private Equity Firms:

- Most recent financial statement for each general partner or for each organization proposed for insurance
- Resumes or professional backgrounds of individuals responsible for investment decisions
- List of portfolio companies: indicate the nature of the investment (including ownership percentage), whether a board seat is held, whether management liability insurance is carried (including the limit), and whether the portfolio company is publicly-traded
- List of subsidiaries, percentage owned/controlled by the Applicant, nature of the business, location of the business, and the date acquired or formed

Private Equity Funds

- Copy of the offering memorandum
- Copy of the most recent audited financial statement
- Most recent investor communications, including investor letters or limited partner reports
- Written valuation policies and procedures

EMPLOYMENT PRACTICES LIABILITY – complete only if coverage is desired

1. Complete the table by providing employee information for the five states or foreign countries with the greatest number of employees:

State or Foreign Country	# Employees

2. Complete the table by providing the maximum number of employees at any one point during the previous 12 months for the following classifications, regardless of whether they were full or part time employees:

# Leased	# Temporary	# Seasonal	# Union

3. Provide the number of employees:
 a. that are compensated less than \$100,000 annually # _____
 b. that are compensated more than \$250,000 annually # _____

4. Within the past 24 months, has the Applicant, its subsidiaries, or outside employment counsel completed an audit regarding the payment of wages, including equal pay and overtime pay? Yes No

5. Complete the table by providing employee turnover figures for each of the last 3 years:

Type of Turnover	Year 20____	Year 20____	Year 20____
Voluntary	#	#	#
Involuntary (excluding layoffs/downsizing)	#	#	#
Layoffs/Downsizing	#	#	#

6. Prior to employee termination, do the Applicant and its subsidiaries consult with:
 a. Human Resources personnel? Yes No
 b. An attorney with experience in employment law? Yes No

7. Do the Applicant and its subsidiaries provide severance packages to terminated or laid-off employees? Yes No
If yes, does the severance include a waiver or release of the employee's right to bring an action against the Applicant and/or its subsidiaries? Yes No

8. Are prospective employees required to complete a uniform employment application prior to hire? Yes No

9. Do the Applicant and its subsidiaries have employee handbooks that are distributed to all employees? Yes No

10. Are employees required to acknowledge, by signature, receipt of such employee handbook? Yes No

11. Do the Applicant and its subsidiaries have human resources departments? Yes No
If no, attach full details of how HR functions are managed.
If yes, provide the total number of human resources employees # _____

12. Does the employment application or employee handbook contain an "Employment at Will" statement? Yes No

13. Complete the table for guidelines, policies, and procedures related to the following:

Guidelines, Policies, Procedures	Formal Written Policy	Employees Sign and Acknowledge Receipt
Workplace Discrimination	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual and Other Workplace Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equal Employment Opportunity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
FMLA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disabled Employees and Reasonable Accommodations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retaliation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reporting, Investigating, and Resolving Employee Complaints	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Written Performance Appraisals/Reviews	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hiring/Interviewing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discharge/Termination	Yes <input type="checkbox"/> No <input type="checkbox"/>	

14. Are the Applicant's and subsidiaries' employment guidelines, policies, procedures, and handbook periodically reviewed by an attorney with experience in employment law? Yes No
15. Do the Applicant and its subsidiaries have written policies or procedures outlining employee conduct when dealing with the general public, customers, clients, vendors, or other third parties? Yes No
16. Do the Applicant and its subsidiaries have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment? Yes No
17. Do the Applicant and its subsidiaries conduct human resources training on guidelines, policies, and procedures for all individuals who handle human resources functions? Yes No
18. Do the Applicant and its subsidiaries conduct training for employees on issues of discrimination and sexual and other workplace harassment? Yes No
19. Is third party sexual harassment coverage requested? Yes No
20. Is third party claims coverage currently included in the Applicant's employment practices liability (EPL) coverage? Yes No
21. If EPL coverage has been in place for less than 3 years, answer the following question:
As of the date the Applicant first purchased the EPL coverage, is the Applicant, any Subsidiary, or any person proposed for this insurance aware of a fact, circumstance, situation, event, or act that reasonably could give rise to a claim being made against them under the EPL coverage for which the Applicant is applying? Yes No
If yes, attach full details.
22. If EPL is currently purchased, but does not include third party claims coverage, and such coverage is now being requested, answer the following question:
Is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under Third Party coverage for which the Applicant is applying? Yes No
If yes, attach full details.

23. If the requested limit of liability for EPL exceeds the limit of liability on the expiring EPL coverage, answer the following question:
Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the EPL coverage for which the Applicant is applying? Yes No
If yes, attach full details.
24. If EPL coverage is not currently purchased, answer the following question:
Is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the EPL coverage for which the Applicant is applying? Yes No
If yes, attach full details.
25. Have any employment-related claims or administrative, criminal, or regulatory proceedings, charges, hearings, demands, or lawsuits been made against the Applicant, any Subsidiary, or any person proposed for this insurance during the past 3 years, whether or not insured, including claims involving employees or independent contractors? Yes No
If yes, attach full details, including the date, nature of the claim, amount paid for defense and/or damages, whether it was covered by insurance, any corrective procedures implemented, and the current status.
26. Has any claim, demand, or lawsuit been made against the Applicant, any Subsidiary, or any person proposed for this insurance involving sexual harassment or discrimination brought by the general public, customers, clients, vendors or other third party? Yes No
If yes, complete attach full details including the date of the claim, the nature of the claim, the amount paid for defense, the amount sought or paid for damages, whether the claim was covered by insurance, what corrective procedures were implemented, and the current status.

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

As part of this Application, please provide copies of the documents listed below. The documents, as well as the representations and facts contained within such documents are made a part of this Application; the Insurer may elect to obtain requested information from public sources, including the Internet.

- Most recent annual financial statement of the Applicant and subsidiaries
- If the Applicant and its subsidiaries have at least 1,000 employees, the most recent consolidated EEO-1
- If the Applicant and its subsidiaries have at least 500 employees, provide the applicable employee handbooks
- If the Applicant and subsidiaries have laid-off either 10% of the workforce, or more than 100 employees, complete the Downsizing Supplemental Application

FIDUCIARY LIABILITY – complete only if coverage is desired

1. Premium to be paid by: Employer Trust or Plan

2. Complete the table for all plans for which coverage is requested:

Full Plan Name	Plan Type*	Current Asset Value	Latest FYE Annual Contributions	# of Plan Participants	Plan Status**
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

* DB =Defined Benefit; DC=Defined Contributions; E=ESOP; F=Foreign; SW=Self-Funded Welfare Benefit Plan; W=Welfare Benefit Plan; O=Other (attach explanation) ** A=Active; F=Frozen; S=Sold; T=Terminate (If F, S, or T indicated date of transaction)
Organization or individuals responsible for investment decisions (attach explanation)

3. Is each plan reviewed periodically to assure there are no violations of ERISA?
If no, attach full details. Yes No
4. Does any plan: (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law; or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits?
If yes, attach full details. Yes No
5. Has any plan: (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) filed for an exemption from a prohibited transaction; or (d) received an adverse opinion as to its financial condition by an independent public accountant?
If yes, attach full details. Yes No
6. If any plan is a defined benefit plan, has such plan: (a) experienced an event reportable to the PBGC; (b) not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard; or (c) been converted into a cash balance plan or is any such conversion expected in the next 12 months?
If yes, attach full details. N/A
 Yes No
7. Has any plan: (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past 2 years or is any such merger, termination or sale anticipated in the next 12 months?
If yes, attach full details. Including the implementation, disclosure, and any relevant blackout periods. Yes No
8. Does any plan invest in a mutual fund, collective trust, or similar investment pool that receives investment management services from the Applicant or its subsidiaries for a fee?
If yes, attach full details. Yes No
9. Are there any outstanding or delinquent plan contributions or plan loans, leases, or debt obligations that are in default or classified as uncollectible?
If yes, attach full details. Yes No
10. Does the employer, committee, or employer representatives, or union board of trustees have final say over the determination of whether benefits will be paid under any Healthcare Plan sponsored by the Applicant? Yes No
11. During the past 5 years have there been any prohibited transactions in connection with any plan in violation of ERISA?
If yes, attach full details. Yes No
12. In the past 3 years, whether or not insured, has any plan, Applicant, Subsidiary, or person proposed for this insurance been accused or found guilty of any criminal act or been accused of, found guilty of or held liable for a breach of fiduciary duty, or a violation of ERISA, or any similar state, local or foreign law or have any ERISA-related claims, administrative or regulatory proceedings, charges, hearings or demands been made?
If yes, attach full details, including the date, nature of the claim, amount paid for defense and/or damages, whether it was covered by insurance, any corrective procedures implemented, and the current status. Yes No
13. If Fiduciary coverage has been in place for less than 3 years, answer the following question: As of the date the Applicant first purchased the Liability Coverage, is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim being made against them under the Fiduciary coverage for which the Applicant is applying?
If yes, attach full details. Yes No

14. If the requested limit of liability for Fiduciary coverage exceeds the limit of liability in the expiring Fiduciary coverage, answer the following question:
Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Fiduciary coverage for which the Applicant is applying? Yes No
If yes, attach full details.

15. If Fiduciary coverage is not currently purchased, answer the following question:
Is the Applicant, any Subsidiary, or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the Fiduciary coverage for which the Applicant is applying? Yes No
If yes, attach full details.

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

As part of this Application, please provide copies of the documents listed below. The documents, as well as the representations and facts contained within such documents are made a part of this Application; the Insurer may elect to obtain requested information from public sources, including the Internet.

- Copy of the most recent audited financial statement of the ESOP
- If the limit of liability requested is greater than \$5 million, or the Plan invests in employer securities, provide Plan financial statements for Defined Benefit Plans or Self-Insured Welfare Plans Plan for each Defined Contribution Plan
- Most recent 5500 of all Plans
- If the Applicant or any of its subsidiaries sponsors an ESOP or defined contribution plan that invests in employer securities, complete Employer Securities Supplemental Application

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, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

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.

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.

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 AND AUTHORIZATION

It is agreed that this application is a supplement to all other applications previously submitted to Travelers in conjunction with the underwriting and issuance of insurance coverage for which the policy being applied for would be a renewal or replacement or otherwise succeed in time, and those applications together with this application will constitute the complete application which will be the basis of any quotation which may be made.

The undersigned Authorized Representative of the Applicant (CEO, President, Chairman) declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth in this application for insurance, including any supplements or materials made part of this application, are true and complete and may be relied upon by Travelers. If any information in this application, or any supplements or materials submitted therewith, changes prior to the inception date of the policy that Travelers may issue to the Applicant, the Applicant will notify Travelers of such changes and Travelers may modify or withdraw any outstanding quotation. Travelers is authorized to make any investigation or inquiry in connection with this application.

The signing of this application does not bind Travelers to offer, nor the Applicant to purchase, the insurance. If the policy is issued, it is agreed that this application, including any supplements or materials made part of this application, will have been relied upon by Travelers in issuing the policy, will be the basis of the insurance, and will be, in all states other than NC and UT, considered physically attached to, and part of, the policy.

Electronically produced signatures will be treated as original.

Authorized Representative Signature*: x	Authorized Representative Name and Title	Date (mm/dd/yyyy):
Producer Signature**: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Code:	License 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**

**Producer information only required in Florida and Iowa.

Return application to:
 CB Malaga Insurance Services LLC
 tel: 877-245-5887
 fax: 805-426-8540
 email: info@cbspecialty.com