



- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
St. Paul Mercury Insurance Company, Saint Paul, Minnesota
St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58303) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

- 1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)
2. Name of client and/or business organization:
3. Nature of business:
If this business organization is a Financial Institution, please complete the Financial Institution Supplement.
4. Dates of your relationship with this client or entity: From To
Currently a client of the Firm? Yes No
5. Annual percentage of the Firm's gross revenue derived from this client or entity: %
6. Name of individual(s) in Firm with primary relationship to this client or entity, nature of that relationship and legal services provided:
7. Has any present or former member of the Firm referred law firm clients to this business organization? Yes No
If yes, please indicate approximately how many in the past year and past five years
8. Percent of equity interest in client or entity: % Dollar Value: \$
Is this entity publicly owned/traded or privately held? (Please check one.)
9. Name of any other individual(s) in Firm (including attorney and non-attorney staff) providing services to client or entity and nature of those services:
10. If any Firm member is a present or past officer or director of the client or entity, is Director's and Officer's Liability Insurance currently in force? Yes No
If yes, please indicate name of insurance company, policy expiration date, limits of liability and deductible carried:
11. Describe any management role or committee assignments in client or entity:
12. Has this client or entity been sued or threatened with suit in the past five (5) years? Yes No
If yes, please provide details on the Supplemental Claim Form.

**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.

**Attention: Insureds in PR**

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 (5,000) dollars and not more than ten thousand (10,000) dollars, 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.

**NOTICE**

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date