



Traveler Casualty and Surety Company of America
Hartford, Connecticut

Throughout this supplement the terms "you" and "your" mean 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. During the past three years have you or any of your attorneys helped create, or write an opinion supporting a transaction, whose primary purpose was to reduce federal taxes, where the tax saved, or to be saved, was \$1 million or more?..... Yes No
If yes, please complete the following chart indicating the number of such transactions and the aggregate amount of the proposed savings:

Transaction Types	Number of Transactions	Aggregate Amount of Proposed Savings
Use of grantor trusts to realize capital gains		\$
Currency trades, and currency option trades, to generate losses		\$
Devices to delay taxes on stock option gains		\$
Devices to offset gains from the sale of a business or other assets		\$
Use of "split dollar" or "split premium" insurance		\$
"Potentially abusive tax shelters," as that term is used by the IRS		\$
Any other devices sometimes referred to as "tax shelters"		\$
Other		\$

4. During the past five years has the IRS challenged transactions of your clients of the type described above where you or your attorneys participated in, or opined on, the transaction?..... Yes No
If yes, please describe the ultimate disposition of each such challenge:

5. During the past five years have you or your attorneys been served by the IRS with an administrative summons, sometimes referred to as a "promoter summons"?..... Yes No
If yes, please describe the disposition of the summons:

6. Have you or your attorneys been the subject of any other federal, state or local government proceeding regarding transactions of the sort described above?..... Yes No
If yes, please describe any such proceeding and its ultimate disposition:

7. Do you issue both Reliance and Marketing Opinion letters on the same transaction?..... Yes No

8. Do you or any of your attorneys perform work which could result in a designation as a "material advisor" with respect to any reportable transaction?..... Yes No
9. Do you have established written procedures to ensure compliance with Circular 230 requirements?... Yes No

FRAUD WARNINGS

Attention: Insureds in AL, AR, DC, MD, NM, and RI

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.

Attention: Insureds in CO

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.

Attention: Insureds in FL

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.

Attention: Insureds in KY, NJ, NY, OH, and 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. (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.)

Attention: Insureds in LA, 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 OR

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.

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 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

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 apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse, or other device to click the "Accept" button 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.

Accept

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.

ADDITIONAL INFORMATION

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