



Travelers 1st ChoiceSM
LAWYERS PROFESSIONAL LIABILITY COVERAGE
BANKRUPTCY & COLLECTIONS SUPPLEMENT

Travelers Casualty and Surety Company of America
Hartford, Connecticut
(a capital stock company)

Throughout this supplement "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 _____

BANKRUPTCY PRACTICE - GENERAL INFORMATION

3. Please complete the following chart for attorneys who have undertaken work in the Bankruptcy area of practice in the last five years:

Attorneys Name	Years of Experience in this field	Percentage of Time Devoted Per Year
		%
		%
		%
		%
		%

4. Please provide the percentage of bankruptcy cases in the following categories:

For Debtor: _____

For Creditor: _____

As Trustee: _____

Other (describe): _____

5. Are you and your attorneys who practice in this area aware of and in full compliance with the provisions of the 2005 Bankruptcy Report Act?.....☐Yes ☐No

6. Do you have written due diligence procedures for verifying the truthfulness and accuracy of the debtor's bankruptcy schedule?..... ☐Yes ☐No

7. Do you have written due diligence procedures for certification of the debtor's ability to pay?.....☐Yes ☐No
If yes, please describe:

8. Do you provide a uniform disclosure statement to all debtor clients regarding the duties of the debtor in bankruptcy?..... ☐Yes ☐No
If yes, is it maintained for at least two (2) years?..... ☐Yes ☐No

9. If you represents debtors, are all required disclosures, including statements about acting as a debt relief agency, prominently displaced in all advertising and other mass communication?.....☐Yes ☐No ☐N/A

10. Have you or any of your attorneys ever represented debtors in bankruptcy proceedings where total debt Exceeded \$10M?..... ☐Yes ☐No
If yes, please describe:

COLLECTION PRACTICE - GENERAL INFORMATION

11. Please advise if any of the following apply with regard to your Collection practice:

- a. Do you provide any services to purchasers of debt or debt consolidators?.....☐Yes ☐No
- b. Do you have written procedures to verify compliance with the FDCPA and all amendments?..... ☐Yes ☐No
- c. Do you have written procedures to verify the validity of an alleged debt?..... ☐Yes ☐No
- d. Do you accept collection cases in states outside of your office location(s)?..... ☐Yes ☐No
- e. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all state and federal statutes?..... ☐Yes ☐No
- f. Do you use a formal script that is fully compliant with all state and federal collection laws when contacting debtors by phone?..... ☐Yes ☐No
- g. Please estimate the total number of collection matters handled annually:.....
- h. Please estimate the average debt amount of an individual collection account handled by the firm:.....
- i. What percentage of collection cases utilize outside debt collection firms?.....
- j. Do you permit outside collection firms to use their name or the name of any of their attorneys in collection activities?..... ☐Yes ☐No
- k. Do you or any of your attorneys have any kind of ownership interest in an outside collection agency?..... ☐Yes ☐No
- l. Within the past five years, have you or any of your attorneys executed any hold harmless or indemnity agreements in favor of any collection clients regarding their own violation or alleged violation of collection laws?.....☐Yes ☐No

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 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).