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| Travelers Insurance Company of Canada | Insurance Company Supplemental Application |

**Some information requested in this application is for claims-made coverage. If issued, the claims made coverage covers only claims made against insureds during the policy period or any applicable extended reporting period. Payment of defence expenses will reduce, and may exhaust, the limit of insurance, except as otherwise required by the law of the province of Québec.**

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| Name of Applicant (“Applicant” means all entities, including subsidiaries, for which coverage is requested):      |

**RISK INFORMATION**

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| 1. | Complete the table with the Applicant’s fiscal year end (“FYE”) financial information.*Not required if Applicant provides financial statements. Indicate negative figures with “( )”or “-“.* |
|  | **Financial Information** | **Projected FYE**(     /     ) (mm/yyyy) | **Most Recent FYE**(     /     ) (mm/yyyy) | **Prior FYE**(     /     ) (mm/yyyy) |
|  | Total Assets | $      | $      | $      |
|  | Total Direct Written Premium | $      | $      | $      |
|  | LICAT Ratio | N/A |      % |      % |
|  | MCT Ratio | N/A |      % |      % |
|  | MCCSR Ratio | N/A |      % |      % |

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| 2. | In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicantcompleted or been in the process of completing) the following: |  |
|  | a. Any development of new products or entering into any new regions? | [ ]  Yes [ ] No |
|  | b. Any conversion of mutual ownership to stock ownership?  | [ ]  Yes [ ] No |
|  | *If question 2 a. or b. is answered “Yes”, attach an explanation, including the timing, the essential terms of the event or arrangement, impact on employee base, and the surrounding circumstances.* |

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| 3. | Provide the following information about the Applicant’s key reinsurers: |
|  | **Reinsurer Name** | **Percentage of Ceded Premium** | **Participation Description** | **AM Best Rating** |
|  |       |      % |       |       |
|  |       |      % |       |       |
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| 4. | Have there been any significant changes in reinsurance treaty terms during the past 3 years or are any expected during the next 12 months, including changes in self-insured retentions, limits purchased, lines of business added or excluded, or exclusions added or removed? | [ ]  Yes [ ] No |

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| 5. | During the past 12 months has any rating agency communicated any changes in, or placed under review, any current financial or claims-paying ability ratings of the Applicant? | [ ]  Yes [ ] No |
|  | *If questions 5. or 6. are answered “Yes”, attach an explanation.* |

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| 6. | Has the Applicant had an independent outside actuarial certification of rates or reserve adequacy? | [ ]  Yes [ ] No |
|  | *If “No”, attach details.**If “Yes”, provide the dates of most recent certifications and the names of organizations that provided such certifications:* |

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| 7. | Have there been any disciplinary actions taken against the Applicant during the past 3 years by any regulatory authority, including any consent, disciplinary, enforcement, or cease and desist orders, or similar agreements or restrictions? | [ ]  Yes [ ] No |
|  | *If “Yes”, attach details.* |