TRAVELERS

Travelers 1st Choice+®

Claim, Suit, Or Incident Additional Information Request

Travelers Casualty and Surety Company of America

Important Note: You must report any known claim or suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability carrier before the claim reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission known before the effective date of any insurance policy issued by Travelers may be excluded from coverage under any such policy whether or not such knowledge is disclosed in this additional information request.

PLEASE COMPLETE A SEPARATE FORM FOR EACH CLAIM, SUIT, OR INCIDENT

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES MAY BE INCLUDED WITHIN THE LIMITS OF COVERAGE AND DEDUCTIBLE.

IMPORTANT NOTE – **NEW YORK**: DEFENSE EXPENSES MAY REDUCE UP TO 50% OF THE LIMITS OF COVERAGE, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured:		Today's Date:
Joseph McDonald		05/15/2020
Proposed Effective Date *(mm/dd/yyyy)*:	Proposed Expiration Date *(mm/dd/yyyy)*:	Travelers Policy Number:
05/18/2020	05/18/2021	6JUB-1E112

CLAIM, SUIT OR INCIDENT INFORMATION

1. Name(s) of individual(s) at firm involved in the claim, suit or incident: Joseph McDonald, Frank McDugle, Sally James Temple, Mark McGoo, James McGoo, Matt McGee
2. Additional defendants, if any:
3. Name(s) of claimant(s): Joseph McDonald
4. Date of the alleged wrongful act: 05/13/2021
5. Has this claim, suit, or incident been reported to another professional liability carrier? ..... ☐ Yes ☒ No
   If yes, please provide the name of the carrier to which the claim, suit or incident has been reported:
6. This matter is currently a/an: ☒ Pending claim or suit ☐ Closed claim or suit ☐ Incident only

PENDING CLAIM OR SUIT

Complete this section if this matter is a pending claim or suit:

7. Date of the claim or suit: 05/13/2021
8. Claimant's settlement demand: $ 1,000,000.00
9. Insurer's loss reserve: $ 3,000,000.00
10. Is claim in suit? ..... ☒ Yes ☐ No
11. Defendant's offer for settlement: $ 7,000,000.00
12. Defense costs paid to date: $ 0.00

CLOSED CLAIM OR SUIT

Complete this section if this matter is a closed claim or suit:

13. Date of claim or suit: _____
14. Total defense costs paid: $_____
15. Matter was: ☐ Closed without payment ☐ Court judgment ☐ Out of court settlement
16. Total indemnity paid: $_____
17. Deductible paid: $_____

DESCRIPTION OF CLAIM, SUIT, OR INCIDENT

Provide enough information to allow evaluation, use additional information section if necessary. DO NOT attach a copy of the summons.

18. Type of professional services provided to claimant, and city and state where services were provided:
Spine adjustment, Albuquerque, NM

19. Name, type, and location of project, if applicable: The Great Project, building construction, Albuquerque, NM

20. Description of the alleged wrongful act upon which the claimant bases the claim, suit, or incident:
Defendants attempted to disintegrate claimant's spine with high powered laser beams.

21. Description of the case and events: On Wed. 5/13/2020, the defendants utilized extraterrestrial engineered laser beam cannons to attack claimant's spine. Claimant defended self and teleported defendents to Topeka, KS.

22. Description of the type and extent of alleged injury or damage:
Claimant's spine was broken in thoracic, lumbar, and sacral regions.

23. Description of any remedial measures implemented to avoid similar claims, suits, or incidents:
Defendents and extraterrestrials who supplied laser cannons have been arrested by the Intergalactic Safety Force (I

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

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.

SIGNATURES

I acknowledge that this document is to be read in conjunction with the core application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the core application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Authorized Representative Signature:*	Authorized Representative Name - Printed:	Date:
X Joseph McDonald	Joseph McDonald	05/14/2021
Producer Signature: *	State Producer License No. (required in FL):	Date:
X Joseph McDonald	625864115	05/14/2021

Agency:	Agency Contact:	Agency Phone Number:
Travelers Insurance	James Jamey	(607) 865-8694

* 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

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference section name and question number.