



**Travelers Casualty and Surety Company of America  
 Hartford, Connecticut**

**MAIL INSURANCE APPLICATION**

I. Insured: \_\_\_\_\_

II. Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. Address from which most Mailings are sent:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IV. Number of Branches: \_\_\_\_\_

List foreign locations: \_\_\_\_\_  
 \_\_\_\_\_

V. Limits Requested:

<b>Domestic &amp; Foreign Locations</b>	<b>Registered Mail/Outside Courier</b>
Non-Negotiable Securities	\$
Negotiable Securities, Postage & Revenue Stamps, Money Orders, Certificates of Deposit, Checks, Drafts, Promissory Notes, Bills of Lading, Warehouse Receipts and other Documents and Papers of Value	\$

<b>Domestic Locations</b>	<b>First Class Mail</b>
Non-Negotiable Securities	\$
Negotiable Securities	\$

VI. Most Common Types of Instruments Sent:

<b>Type of Negotiable Security</b>	<b>Type of Non-Negotiable Security</b>	<b>Other Instruments</b>

Does the Insured act as Transfer Agent? Yes No

**Note:** All items must be replaceable by a Lost Instrument Bond.

VII. Total dollar value of mailings (“TDV”) during the twelve month period beginning

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**TDV and MSA for Registered Mail and Outside Courier Shipments**

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<b>Registered Mail/Outside Courier</b>	<b>TDV Domestic Shipments*</b>	<b>Maximum Shipment Amount</b>	<b>TDV Foreign Shipments**</b>	<b>Maximum Shipment Amount</b>
Non-Negotiable Securities	\$ _____	\$ _____	\$ _____	\$ _____
Negotiable Securities, Postage & Revenue Stamps, Money Orders, Certificates of Deposit, Checks, Drafts, Promissory Notes, Bills of Lading, Warehouse Receipts and other Documents and Papers of Value	\$ _____	\$ _____	\$ _____	\$ _____
Bullion, Platinum and Other Precious Metals	\$ _____	\$ _____	\$ _____	\$ _____
Currency, Jewelry, Watches, Necklaces, Bracelets, Gems, Precious and Semi- Precious Stones, etc.	\$ _____	\$ _____	\$ _____	\$ _____

**TDV and MSA for First Class Mail Shipments**

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<b>First Class Mail</b>	<b>TDV Domestic Shipments</b>	<b>Maximum Shipment Amount</b>	
Non-Negotiable Securities	\$ _____	\$ _____	<p align="center"><b>--KEY--</b>  <b>TDV</b>=Total Dollar Value  of mailings for the year.  <b>MSA</b>=Maximum Shipment  Amount for one single  package for the year  <b>Outside Courier:</b> i.e.  UPS, Federal Express, etc.</p>
Detached Coupons	\$ _____	\$ _____	
Negotiable Securities	\$ _____	\$ _____	

VIII. List all losses within the last three years by type of property, mail and amount:

\*Domestic includes mailings to Canada or Puerto Rico.

\*\*Foreign means mailings to or from a country other than the United States, Puerto Rico or Canada.

**THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.**

*Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA*

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.)*

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Signature of Applicant (Risk Manager or Insured Representative)	Date
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Name (printed)	
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Title	Address
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Signature of Agent/Broker	Date
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Please send your completed form via email to  
plsdsteam.service@mercero.com or fax it to 515-365-0556.