



TRAVEL AGENTS ERRORS AND OMISSIONS INSURANCE APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Name of Applicant: _____

2. Address (Head Office): _____

Branch Office:

Date Established: _____ Website: _____

Telephone No.: _____ Fax No.: _____

3. Indicate: Corporation Partnership Individual

4.	Former Names of Applicant/Firm	Date Estab.	Closed
a)			
b)			
c)			

5.	Partners, Officers and Managers	Years in Profession
	_____	_____
	_____	_____
	_____	_____

6. When did the persons stated in Question 5 assume active control of the Firm?

7. State the number of staff:

Working Partners or Directors	_____
Managers	_____
Couriers	_____
Typists, Clerical Staff	_____
All Others	_____

8. Income from the Applicant's Travel Agency Business:

	<u>Previous 12 Mo.</u>		<u>Expiring 12 Mo.</u>		<u>Projected 12 Mo.</u>	
	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
a) Gross Receipts	\$ _____	_____	\$ _____	_____	\$ _____	_____
b) Gross Commission	\$ _____	_____	\$ _____	_____	\$ _____	_____

What percentage of the total gross commission is derived from:

from the U.S.A. _____ % Other foreign countries _____ %

9. a) Does the Applicant arrange tours? Yes No

b) If YES, please supply details and brochures, if any, and state the percentages of gross receipts derived from:

Group Tours	_____	%
Conventions, Seminars, etc.	_____	%
Student / Incentive tours	_____	%
Tours of a hazardous nature	_____	%

i.e. mountaineering, safaris,
skin diving, skiing or to
hostile environments

10. Does the Applicant and/or any parent, subsidiary or other related company operate tours, either:

a) on their own Yes No

b) those of others Yes No

N.B. Coverage for this aspect of the Applicant's activities may not be available.

11. Please state the percentage of gross income arising from:

a) Retail operations _____ %

b) Wholesale operations _____ %

12. Does the Applicant act as:

a) a Franchisor Yes No

b) a Franchisee Yes No

If Yes, please provide details:

13. Explain fully the educational requirements of your profession:

a) Does the applicant belong to any related associations? Yes No
If Yes, please indicate such memberships:

b) Are there any prerequisites for association eligibility? Yes No
If Yes, please provide details:

14. Is there legislation currently in force governing the practice of the applicant? Yes No

15. Does the Applicant or any Owner, Partner or Director engage in any employment or other activities other than as a Travel Agent? Yes No
If Yes, please provide details:

16. Have you ever been Insured for Professional Errors and Omissions Liability? Yes No

i) If Yes, please indicate the name of the Insurer:

ii) Please indicate if such coverage is offered on an occurrence basis or claims made basis.

Occurrence Claims Made

iii) If current coverage is on a claims made basis, what is the retroactive date? _____

iv) What is your current policy limit? _____

v) What is your current deductible? _____

vi) If you are presently insured, are renewal terms being offered? Yes No
If No, please state reason:

17. Has any Partner, Executive Officer, Director, or Professional Employee had their licence suspended, been fined or reprimanded during the past five years? Yes No
If Yes, attach details.

18. Is the Applicant controlled by, owned by, or related to any other firm, corporation or company? Yes No
If Yes, please give details:

19. Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business? Yes No
If Yes, attach details.

20. a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, or any of the present or former partners or officers? Yes No
- b) Is the Applicant aware of any act, error, omission or circumstances which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer? Yes No

IF THE ANSWER TO EITHER Q.20 a) OR Q.20 b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 20. a) AND/OR 20. b) OR ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

21. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years?
If Yes, attach details. Yes No
22. To the Applicant's knowledge, has any company declined or terminated the insurance for the Applicant, any present partner or officer or for any predecessor in the business, past partners or officers?
If Yes, provide details: Yes No

20. Insurance required:

LIMITS:	\$1,000,000	<input type="checkbox"/>	DEDUCTIBLES:	\$ 2,500	<input type="checkbox"/>
	\$2,000,000	<input type="checkbox"/>		\$ 5,000	<input type="checkbox"/>
	\$3,000,000	<input type="checkbox"/>		\$10,000	<input type="checkbox"/>
	\$4,000,000	<input type="checkbox"/>		\$25,000	<input type="checkbox"/>
	\$5,000,000	<input type="checkbox"/>	Other:	_____	<input type="checkbox"/>
Other:	_____	<input type="checkbox"/>			

24. When is your fiscal year end? _____

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this declaration shall be the basis of any binder or contract or insurance with the Insurer, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance.

It is further understood and agreed that if, following submission of this application to the Insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 20. a) or 20. b) of this application, the Insurer shall be immediately notified in writing of such information.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**

CLAIMS HISTORY

Applicants Name: _____ Date: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____