

MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
SUPPLEMENTAL APPLICATION – TRAVEL AGENTS

1. Name of Applicant: _____

2. Do you act as a: (a) Franchisor? Yes No
 (b) Franchisee? Yes No

3. Indicate: **Total Annual Sales** **Total Annual Commission**

(a) Last complete fiscal year: \$ \$

(b) Estimated current fiscal year: \$ \$

4. Indicate the approximate percentage of last year's sales derived from (total must be 100%):

(a) Airline or other transit	%
(b) Business placed through package tour operators	%
(c) Insurance products (please describe): _____	%
(d) Self-prepared tours**	%
(e) Wholesale**	%
(f) Other (please describe)**: _____	%

**If you derive income from any of (d), (e) or (f) attach a detailed description and / or brochures.

5. If the Applicant arranges tours, please indicate the approximate percentage of these sales derived from:

(a) Group tours	%
(b) Conventions, seminars, etc.	%
(c) Student / Incentive Tours	%
(d) Tours of a hazardous nature (i.e.: mountain climbing, safaris, deep sea diving, etc.)	%

6. Does any parent, subsidiary or other affiliated company operate tours? Yes No

If Yes, explain: _____

7. Does the Applicant provide any online / internet services to clients (i.e. scheduling, reservations, ticketing, etc.)? Yes No

This Travel Agents Supplemental Application is attached to and forms part of the Miscellaneous Professional Liability Insurance Application. It is subject to the same provisions concerning representations made as in the basic Application.

Signature of Applicant	Date
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