



Specified Professions Professional Liability Product

TRAVEL AGENTS SUPPLEMENTAL APPLICATION

Please fill out the General Information section, along with the section(s) you are requesting coverage.

Name of Applicant: _____ Date: _____

1. Please provide a percentage breakdown of current 12 month Gross Receipts per the following. If the Applicant is newly established, please advise best estimates.

- a. Retail Operations _____%
- b. Wholesale Operations _____%
- c. Other _____%
- d. TOTAL (must equal 100%) _____%

2. Does the Applicant derive revenue from any of the following? Please provide percentage and details below.

	Yes	No	% Receipts
a. Selling Foreign tours/packages?	<input type="checkbox"/>	<input type="checkbox"/>	_____%

If yes, please list your top 5 countries by volume (plus percentage from each):

	% of volume
1. _____	_____%
2. _____	_____%
3. _____	_____%
4. _____	_____%
5. _____	_____%

b. Conducting, organizing or arranging any tours/packages? Yes No _____%

c. Selling, conducting, organizing, or arranging Adventure, Student, Young Adult, Spring Break or Active Sport tours/packages Yes No _____%

3. What percentage of gross receipts are derived from selling travel to groups of over 25 people? _____%

THIS TRAVEL AGENTS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

SIGNATURE TITLE DATE