



**SUPPLEMENTAL  
MISCELLANEOUS  
PROFESSIONAL LIABILITY  
APPLICATION  
TRAVEL AGENCY  
(Claims First Made & Reported)**

**Van Wagoner Companies**  
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Name of Applicant: \_\_\_\_\_

1. Description of Operations: Percent Retail Percent Wholesale No. of Years in Business  
 Retail Only  Wholesale Only  Retail and Wholesale % %

2. Check conferences in which you hold appointments:  
 ARC  IATA  AMTRAK  IPSA  IPPC  ASTA  ARTA  Other (Specify): \_\_\_\_\_

3. Do you have an interest in any other business or profession other than Travel Agent? .....YES  NO   
If YES, explain: \_\_\_\_\_

4. Do you arrange tours? .....YES  NO   
If YES, please provide details of the type of tours arranged and what percentage of your receipts are derived from:  
% Percentage  
a) Group tours \_\_\_\_\_  
b) Conventions/Business \_\_\_\_\_  
c) Student \_\_\_\_\_  
d) Hazardous (i.e. mountaineering, skiing or hostile environments, etc.) \_\_\_\_\_  
e) Other (Please describe.) \_\_\_\_\_

5. Do you book foreign tours? .....YES  NO

If YES, answer the following:

a. What percentage of your total receipts are derived from foreign tours? \_\_\_\_\_ %  
b. What percentage of foreign tours are booked through wholesale operators with a United States based office? \_\_\_\_\_ %  
Briefly list the locations or countries where you book foreign tours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. A) Do you operate your own tours? .....YES  NO   
If YES, please provide details of the type of tours operated and what percentage of receipts are derived from such tours.  
\_\_\_\_\_

B) Do you operate tours for other related companies? .....YES  NO   
If YES, please provide full details of the type of tours operated and what percentage of receipts are derived from such tours.  
\_\_\_\_\_

C) I) Approximate the number of tours operated per year? \_\_\_\_\_  
II) What percentage is operated within the U.S.? \_\_\_\_\_  
III) What percentage is operated outside the U.S.? \_\_\_\_\_

D) How long have you operated your own tours? \_\_\_\_\_

7. Do you have contracts or written agreements with your suppliers? .....YES  NO

8. Describe the criteria utilized by you to choose suppliers and state how long you have utilized each of their services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do your suppliers have insurance covering their negligence, acts, error or omissions with respect to their operation? .....YES  NO

If YES, are you:

a. provided with evidence of coverage? .....YES  NO

b. included as an additional insured? .....YES  NO

10. Please submit the following with this Application:

- a. Contracts utilized with tour suppliers (i.e., airlines, hotels, cruise lines, railroads, etc.).
- b. Evidence of insurance provided by your suppliers.
- c. Tour agreement.
- d. Brochures describing the tours and the terms and conditions of the tour.

11. What are your projected commissions for the next policy year? \$ \_\_\_\_\_

12. Staffing:

No. of Full-Time Salaried <u>Employees</u>	No. of Part-Time Salaried <u>Employees</u>	No. of Full-Time Commission <u>Salespeople</u>	No. of Part-Time Commission <u>Salespeople</u>	No. of Owners Partners or <u>Officers Active</u>	No. of Owners Partners or <u>Officers Active</u>
_____	_____	_____	_____	_____	_____

13. In what trade associations or professional societies do you hold membership?  
\_\_\_\_\_

14. Is the Applicant a subscriber to any computerized booking or reservation system? .....YES  NO   
If YES, state which ones. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to travel agency and/or tour operator operations.

**In addition to all other terms and conditions:**

**Applicable in Kentucky.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

\_\_\_\_\_  
Date Authorized Representative Title