

NEW BUSINESS

Application for Travel Agents / Tour Operators Professional Liability Insurance

RENEWAL _

NOTE: Completion of this application does not obligate you in any way to purchase this insurance. 1. Name of Travel Company (List all other operating names/attach a separate sheet if necessary) 2. Address of Principal Office _ City _ (Attach additional sheet if more space is needed for listing Branch office.) 3. Type of operation. (Check) Retail only ☐ Wholesale only Retail and Wholesale % Retail _ (Include as Wholesale any business on which a commission is paid to another firm or agency.) % Wholesale 4. Conferences in which you hold appointments: (Check) ARC AMTRAK ☐ TOP Other (Specify): 5. Does your agency operate its own tours or sell tours to other travel agents or affinity and/or non affinity groups? If yes, enclose samples of the brochures or a description. 6. a. Is your company actively involved in the sale of student and/or adventure tours (i.e. skiing, river rafting, etc.) b. Does your company operate such tours? c. If you answered "yes" to either a or b, what percentage of your total gross receipts are derived from these tours: 7. a. Has your agency ever defaulted to a carrier, conference or a supplier? b. Have any of the owners, partners or officers ever been associated with an agency which has defaulted to a carrier, conference or supplier? Yes No If your answer is Yes to either part of this question, attach statement giving full particulars. 8. a. Has any similar insurance been issued to your agency at any time? Yes ____ No _ __ For what period? _____ Limits? ____ Premium? __ If yes, by what insurance company? ____ If this is a renewal with Connecticut Specialty, please give your current policy number and expiration date. Policy Number: _____ Expiration Date: _____ 9. a. What were the total GROSS receipts (total gross sales including air transportation, but excluding travelers checks and foreign automobile sales) of your business last year? b. What were the TOTAL GROSS Receipts from the sale of Standard Ticket Air transportation ONLY? (Use your ARC and/or IATA sales figures for the same period as in 9A); c. What Total GROSS Receipt estimate can you give for the current year'. 10. Attach the latest annual statements as prepared by your accountant. Has the firm shown an operating profit for each of the last 3 years? 11. Number of Full-time salaried employees _____ Part-time Number of Full-time commissioned ____ Number of owners/partners Active 12. On what date did the present management assume control or ownership of the agency? 13. Do you, or does your company, or any owner, partner, officer or employee have knowledge or information of any occurrence, situation, act, error or omission which might give rise to a claim or has already resulted in a claim such as would be covered by the proposed insurance? If so, attach sheet with full details. 14. In what trade associations or professional societies do you hold membership? 15. Does your agency currently offer Travel Insurance? _____ If so, which products? _ 16. If you are an ARC appointed agency, please list the amount of your bond, the bond company, expiration date and premium: 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 application shall be the basis of the contract with the insurance company. It is understood and agreed that the completion of this application does not bind the company to issue nor the applicant to purchase the Name of Firm: QUOTATION WILL NOT BE PROVIDED UNLESS ALL QUESTIONS ARE ANSWERED AND APPLICATION IS SIGNED BY A PRINCIPAL Name of Principal (please print): _____ OF THE TRAVEL AGENCY. Signature of Principal: New England Excess Exchange P. 0. Box 219 Telephone: ___ Montpelier Fax:

New England Excess Exchange, Ltd.

ADVENTURE TOUR OPERATOR SUPPLEMENTAL QUESTIONNAIRE

(Please attach additional sheets if more space is needed)

/	A. What percentage of your company's total volume is derived from adventure toursq	%
ı	B. How many tours does your company operate per year?	
(C. What is the average number of participants per tour?	
ļ	D. What is the average length of a tour?	days
l	E. What is the average cost of a tour? (Per Person)	\$
I	F. Please indicate the age breakdown of most participants:	
	UNDER 18 %	
	18-25%	
	25-60%	
	OVER 60 %	
2. E	ESCORT INFORMATION STATE OF THE	
1	A. Does your company employ or contract for tour conductors/escorts?	
	If so, what qualifications do you require and how are they selected?	
	EXCESS EXCITATION	
	EXCESS EXCITATION	
I	B. What is the average number of participants assigned to each tour conductor/escort? _	
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3. <u>E</u> /-	EQUIPMENT A. Do you supply tour participants with any equipment?	
3. <u>E</u> /- E	EQUIPMENT A. Do you supply tour participants with any equipment? B. If so, what type of equipment do you supply?	
3. <u>E</u> / E	EQUIPMENT A. Do you supply tour participants with any equipment? B. If so, what type of equipment do you supply? C. Is the equipment included in the price of the tour?	
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3. <u>E</u> / ([[A. Do you supply tour participants with any equipment?	biles, helicopters, etc.) for

B. Do you own or lease any conveyances used or	n your tours?
If so, please furnish us with a listing of ail conve	eyances leased.
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<u>DESTINATIONS</u>	
A. Please list three (3) most common destinations	•
l=_	
2 =	
3 = _	
	ve any interest in any supplier or resort used on any of your
tours?	
If so, please explain.	
A. Do you permit tour participants to bring, or do	
A. Do you permit tour participants to bring, or do If not, what measures do you take to prevent to B. Do you offer Travel Accident Insurance to participate If so, please attach an insurance pamphlet. SUPERVISION	the consumption of alcohol on your tours?
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A. Do you permit tour participants to bring, or do you find, what measures do you take to prevent to be a province of the pro	the consumption of alcohol on your tours? cipants? on of the tour leaders at any time?
A. Do you permit tour participants to bring, or do If not, what measures do you take to prevent to B. Do you offer Travel Accident Insurance to particle If so, please attach an insurance pamphlet. SUPERVISION A. Are participants allowed to leave the supervision If so, please describe various situations during a hereby declare that the above statements and particulars are true and that	the consumption of alcohol on your tours? cipants? on of the tour leaders at any time? a tour when this is permitted.
A. Do you permit tour participants to bring, or do If not, what measures do you take to prevent to B. Do you offer Travel Accident Insurance to participants of the so, please attach an insurance pamphlet. SUPERVISION A. Are participants allowed to leave the supervision of the so, please describe various situations during a supervision of the supervisi	the consumption of alcohol on your tours? cipants? on of the tour leaders at any time? a tour when this is permitted. I/We have not suppressed or misstated any material facts.
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NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any false materials thereto, commits a fraudulent insurance act, which is a crime.