

Application

TRAVEL AGENTS PROFESSIONAL LIABILITY INSURANCE

FL- 157 TRAVEL PI



NOTE: COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE YOU IN ANY WAY TO PURCHASE THE INSURANCE.
UPON RECEIPT OF THE APPLICATION WE WILL FURNISH YOU WITH A SPECIFIC QUOTATION AND THE NECESSARY ORDER FORMS.

1. NAME OF TRAVEL AGENCY: _____

2. ADDRESS OF PRINCIPAL OFFICE: _____

IS AGENCY LOCATED IN: (CHECK)

STORE DEPT. STORE OFFICE BLDG. HOTEL OTHER (SPECIFY):

DO YOU: (CHECK)

OWN BLDG. OCCUPY ENTIRE BLDG. OCCUPY PART OF BLDG.

AGENCY IS LOCATED ON _____ FLOOR. APPROXIMATE AREA: _____ SQ. FT.

3. ADDRESS OF BRANCH OFFICE (BRANCH #1): _____

IS AGENCY LOCATED IN: (CHECK)

STORE DEPT. STORE OFFICE BLDG. HOTEL OTHER (SPECIFY):

DO YOU: (CHECK)

OWN BLDG. OCCUPY ENTIRE BLDG. OCCUPY PART OF BLDG.

AGENCY IS LOCATED ON _____ FLOOR. APPROXIMATE AREA: _____ SQ. FT.

4. ADDRESS OF BRANCH OFFICE (BRANCH #2): _____

IS AGENCY LOCATED IN: (CHECK)

STORE DEPT. STORE OFFICE BLDG. HOTEL OTHER (SPECIFY):

DO YOU: (CHECK)

OWN BLDG. OCCUPY ENTIRE BLDG. OCCUPY PART OF BLDG.

AGENCY IS LOCATED ON _____ FLOOR. APPROXIMATE AREA: _____ SQ. FT.

5. ADDRESS OF BRANCH OFFICE (BRANCH #3): _____

IS AGENCY LOCATED IN: (CHECK)

STORE DEPT. STORE OFFICE BLDG. HOTEL OTHER (SPECIFY):

DO YOU: (CHECK)

OWN BLDG. OCCUPY ENTIRE BLDG. OCCUPY PART OF BLDG.

AGENCY IS LOCATED ON _____ FLOOR. APPROXIMATE AREA: _____ SQ. FT.

6. AGENCY IS OWNED BY: (CHECK) INDIVIDUAL PARTNERSHIP CORPORATION

7. TYPE OF OPERATIONS: (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: _____

8. CONFERENCES IN WHICH YOU HOLD APPOINTMENTS: (CHECK)

ATC IATA AMTRAK IPSA TPPC OTHER (SPECIFY) _____

9. LIST INDIVIDUAL OWNERS, PARTNERS, OR IF A CORPORATION, OFFICERS AND THEIR TITLES:

NAME	TITLE	YEARS OF EXPERIENCE	DUTIES	STOCKHOLDER
_____	_____	_____	_____	YES [] NO []
_____	_____	_____	_____	YES [] NO []
_____	_____	_____	_____	YES [] NO []
_____	_____	_____	_____	YES [] NO []
_____	_____	_____	_____	YES [] NO []
_____	_____	_____	_____	YES [] NO []

10. NUMBER OF FULL-TIME SALARIED EMPLOYEES _____

NUMBER OF PART-TIME SALARIED EMPLOYEES _____

NUMBER OF FULL-TIME COMMISSION SALESMEN _____

NUMBER OF PART-TIME COMMISSION SALESMEN _____

NUMBER OF OWNERS, PARTNERS OR OFFICERS-ACTIVE _____

NUMBER OF OWNERS, PARTNERS OR OFFICERS-INACTIVE _____

11. DO YOU, OR DOES YOUR COMPANY, HAVE AN INTEREST IN ANY OTHER BUSINESS, SUCH AS REAL ESTATE OR INSURANCE? YES [] NO []

If so, please explain. _____

12. DOES YOUR AGENCY OPERATE ITS OWN TOURS? YES [] NO []

If so, please explain. _____

13. A. IS YOUR AGENCY ACTIVELY ENGAGED IN THE SALE OF STUDENT TOURS? YES [] NO []

B. DOES YOUR AGENCY OPERATE STUDENT TOURS? YES [] NO []

C. WHAT PERCENT OF YOUR TOTAL GROSS RECEIPTS IS DERIVED FROM STUDENT TOURS? _____ %

14. A. HAS YOUR AGENCY EVER DEFAULTED TO A CARRIER, CONFERENCE OR A SUPPLIER? YES [] NO []

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.

15. A. DOES YOUR AGENCY ENGAGE IN MARKETING AIRCRAFT CHARTERS TO OTHER TRAVEL AGENCIES? YES [] NO []

B. DOES YOUR AGENCY MARKET AIRCRAFT CHARTERS (AFFINITY AND/OR NON-AFFINITY) TO GROUPS? YES [] NO []

If your answer is YES to either part of this question, attach statement giving full particulars.

16. HAS ANY CLAIM SUCH AS WOULD BE COVERED BY THE PROPOSED INSURANCE BEEN MADE AGAINST THE AGENCY OR AGAINST ANY OF THE PERSONS NAMED IN QUESTION 9? IF SO, STATE THE NATURE OF THE CLAIM, THE AMOUNT INVOLVED AND RESULTS, THE DATE WHEN THE CLAIM WAS MADE AND THE DATE WHEN THE ACT WAS COMMITTED. _____

17. HAS ANY SIMILAR INSURANCE BEEN ISSUED TO OUR AGENCY BEFORE? YES [] NO []

IF SO, BY WHAT INSURANCE COMPANY? _____

FOR WHAT PERIOD? _____

FOR WHAT LIMITS OF LIABILITY? _____

18. HAS ANY INSURER DURING THE PAST FIVE YEARS CANCELLED ANY SIMILAR INSURANCE ISSUED TO YOUR AGENCY? YES [] NO []

If yes, explain _____

19. A. WHAT WERE THE TOTAL GROSS RECEIPTS (TOTAL SALES INCLUDING STANDARD TICKET TRANSPORTATION, BUT EXCLUDING TRAVELERS CHECK AND FOREIGN AUTOMOBILE SALES) OF YOUR TRAVEL AGENCY BUSINESS LAST YEAR? \$ _____

B. WHAT WERE THE TOTAL GROSS RECEIPTS FROM THE SALE OF STANDARD TICKETS TRANSPORTATION LAST YEAR? \$ _____

C. WHAT ARE YOUR ESTIMATED TOTAL GROSS RECEIPTS THIS YEAR? \$ _____

20. A. HAS THE FIRM SHOWN AN OPERATING PROFIT FOR EACH OF THE LAST 3 YEARS? _____

B. HOW OFTEN ARE THE COMPANY RECORDS AUDITED BY AN ACCOUNTANT? _____

C. NAME OF THE ACCOUNTING FIRM? _____

21. AT WHAT ADDRESS MAY YOUR ACCOUNTING RECORDS BE AUDITED, IF NECESSARY? _____

22. ON WHAT DATE DID THE PRESENT MANAGEMENT ASSUME CONTROL OR OWNERSHIP OF THE AGENCY? _____

23. IN WHAT TRADE ASSOCIATIONS OR PROFESSIONAL SOCIETIES DO YOU HOLD MEMBERSHIP? _____

24. DO YOU, OR DOES YOUR COMPANY OR ANY OF THE PERSONS NAMED IN QUESTION NO. 9, HAVE KNOWLEDGE OR INFORMATION OF ANY OCCURRENCE, SITUATION, ACT, ERROR OR OMISSION WHICH MIGHT GIVE RISE TO A CLAIM SUCH AS WOULD BE COVERED BY THE PROPOSED INSURANCE? IF SO, STATE FULL DETAIL.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO FRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENT 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 INSURANCE.

THIS SECTION MUST BE COMPLETED BY INSURANCE AGENT OR BROKER

NAME: _____	NAME OF FIRM: _____
STREET: _____	BY: _____
CITY: _____	TITLE: _____
STATE: _____	DATE: _____
DATE: _____	PHONE: _____
LICENSE #: _____	

"QUOTATION WILL NOT BE PROVIDED UNLESS ALL QUESTIONS ARE ANSWERED AND APPLICATION IS SIGNED BY A PRINCIPAL OF THE TRAVEL AGENCY."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NAMED CORPORATION: _____

BY: _____ TITLE: _____

DATE: _____