

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS TRAVEL AGENTS SUPPLEMENTAL APPLICATION

1. Name of entity applying for coverage:
2. Please provide a breakdown of the most recent 12 months gross receipts:

Source	Description	Percentage of Operations
Retail:		%
Wholesale:		%
Other:		%

3. Are you involved in marketing and/or selling any of the following types of tours:

Commercial Travel: YES NO
 Foreign Tours: YES NO
 Student/Adventure: YES NO
 Cruise Lines Operation: YES NO
 Internet: YES NO Explain:

4. Conference in which the applicant holds appointments (check all that apply):

ARC <input type="checkbox"/>	TPPC <input type="checkbox"/>
IATAN <input type="checkbox"/>	ASTA <input type="checkbox"/>
AMTRAK <input type="checkbox"/>	IATA <input type="checkbox"/>
CLIA <input type="checkbox"/>	

5. Have you ever defaulted or have any of the owners, partners or officers of the applicant ever been associated with any agency which has defaulted to a carrier, conference or supplier?
 YES NO

6. Does your agency offer travel insurance? YES NO If so, through what companies?

This supplement becomes a part of the application tendered to us.

Signature of Applicant:
 Must be Partner or Officer*
 Title DATE