

**TRAVEL AGENT  
SUPPLEMENTAL APPLICATION**



**Instructions to the applicant:**

- 1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation**
- 2. If a question is not applicable, state N/A. If more space is required to answer a question, please attach exhibit with the question number.**
- 3. Application must be signed and dated by authorized person.**

APPLICANT: \_\_\_\_\_

**1. TOURS**

a. Does the applicant arrange tours?  Yes  No

b. Does the applicant buy tours from another agent?  Yes  No

c. Does the applicant handle student tours? If yes:  Yes  No

(i) Who provides supervision? \_\_\_\_\_

(ii) Are hold harmless agreements signed by all clients?  Yes  No

d. Are any tours:

Domestic?

Foreign? If this box is checked, please list countries where tours take place:

\_\_\_\_\_

**2. a. List any professional organizations or associations to which the applicant belongs:**

\_\_\_\_\_

**b. Identify conferences in which you hold appointments:**

ATC

ASTA

IATA

AMTRAK

IPSA

Other (specify) \_\_\_\_\_

IPPC

**3. FEES & RECEIPTS**

	<b>Prior Year</b>	<b>Current Year</b>	<b>Estimated Next Year</b>
Fees & Receipts			
Commissions			

---

If additional space is needed, please provide details on a separate attachment.

---

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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 fact material thereto, commits a fraudulent insurance act.

---

Signature of Owner, Officer or Partner

---

Print or Type Name and Title

---

Date (m-d-y)