

## S&H Underwriters, Inc.

Send To: FAX 802-229-5669 Quotes@sh-underwriters.com

**Travel Agent / Tour Operator Supplemental** (To be used in conjunction with a Miscellaneous Professional Liability Application)

Applicant Name:	Web Address:
Address:  City: State: Zip Cod	Telephone:
City: State: Zip Cod	e: Other Locations by State:
1.) Date Established: (If less than	7.) Please breakdown the following (total 100%):
1 year, attach resumes of principals)	% Retailer% Wholesaler
Number of:	8.) Commissions from services covered under this policy (use projections if a
Prof. Employees	
Total Employees	start-up):
Independent Contractors	\$ Next Year (projected)
Do you require IC's to carry their own E&O?	\$ Current Year
· Yes · No	\$ Last Year
	9.) Percentage of receipts derived from:
2.) Is the Applicant controlled or owned by, or	% Corporate Travel
associated or affiliated with, or does it own any other	% Group Travel (8+ bookings at once)
entity? · Yes · No	% Cruises
entity? • Yes • No Explain:  3.) Do you routinely offer Travel Insurance?	% Foreign Travel (outside US and Canada) Student/Youth Travel
3 ) Do you routinely offer Travel Insurance?	% Student/Youth Travel
· Yes · No If	% Adventure Travel
the traveler declines, is the declination	% Other:
	10.) Please indicate if travel is arranged to following locations by giving the
	noncontage of Annual Cross Bassists from these backings.
4.) Does the Applicant:	percentage of Annual Gross Receipts from these bookings:
(a) operate its own tours? Yes · No	% Canada, Caribbean, Mexico, South America
(b) sell tours to other travel agents, affinity	% Europe
and/or non-affinity groups? · Yes · No	% Middle East
(c) sell tours for affiliated companies?	% Africa
· Yes · No	% Asia, Australia
5.) Does the Applicant routinely collect Certificates	% USA
of Insurance from vendors?	11.) If q. 4 a, b or c is answered Yes, please complete table with regards to
· Yes · No	Applicant's top 3 destinations:
If Yes, do you mandate that your company be added	% of Annual Passenger Avg. Trip Cost Avg. # of Days
as an Additional Insured? · Yes · No	Destination Gross Receipts Count per Passenger per Tour
If Yes to either q., what is the minimum amount of	_%
insurance that is required from vendors? \$	_%_
<b>6.)</b> Is current professional liability coverage in place?	_%_
· Yes · No	12.) What legal disclaimers, if any, does the Applicant use on its sales literature
Current Carrier:	or other materials?
Limits:	- Carlot Indiana.
Retention:	Are legal disclaimers used regarding the safety of any given location?
Premium:	· Yes · No
Retro Date:	Does the Applicant require <b>signed</b> waivers of liability from all clients?
Desired Terms:	· Yes · No
Limits: Retention:	If No, explain:
<b>13.)</b> Have any of the Applicant's owners, principles,	NOTICE TO APPLICANT, PLEASE READ CAREFULLY:
directors, officers or employees:	Warranty: The undersigned warrants that the information contained herein is true as of
Ever been the subject of an investigation,	the date this application is executed and understands that it shall be the basis of the
disciplinary or criminal action as a result of their	policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a
Professional activities?**  • Yes • No	continuing obligation to report to the Insurers, as soon as possible, any material change
Ever had claims made against them?* · Yes · No	in the circumstances of the Applicant's business including, but not limited to the size of
Obtained any knowledge or information of any act,	the firm, the area of business engaged in by the firm and the information contained on
error or omission which might reasonably give rise	each Supplemental Application submitted by the Applicant.
to a claim against any potential insured or its	Any person who knowingly and with intent to defraud any insurance company or any
predecessors in business?* · Yes · No	other person files an application for insurance containing any materially false information
If Yes, **explain as an attachment; *fill out	or conceals for the purpose of misleading, the information concerning any fact material
Supplemental Claims Form.	thereto commits a fraudulent insurance act, which is a crime.
It is understood and agreed that this supplemental applic	cation shall become a part of the application for Professional Liability Errors &
Omissions Insurance.	
Applicant Signature:	Date:
-	
Name and Title (Please Print):	