

**SUPPLEMENTARY APPLICATION
ERRORS & OMISSIONS LIABILITY INSURANCE**

TRAVEL AGENTS

1. Name of Applicant _____			
2. Is the business licensed under any government appointed tourism authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are any special restrictions included under the terms of the license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please give full details, or, alternatively, provide a copy of the license(s) held with this proposal. _____			
3. Is the business a member of any international travel agent / tour operators association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details. _____			
4. Does applicant operate	Yes	No	If yes, indicate percentage of commissions:
a) solely as retailer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) as a retailer and wholesaler?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does the applicant arrange tours / charters:	Yes	No	If yes, indicate commission %:
a) In Canada?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) In the U.S.A.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) In other countries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) To specific countries?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Involving a specific mode of transport?	<input type="checkbox"/>	<input type="checkbox"/>	
f) For activities of a hazardous nature, such as Safari, water rafting, deep sea fishing?	<input type="checkbox"/>	<input type="checkbox"/>	
g) for schools, large organizations or parties?	<input type="checkbox"/>	<input type="checkbox"/>	
**If yes to any of items "d" through "g", please provide full details and include promotional materials / brochures.			
DECLARATION			
The undersigned declares that all statements made in the Supplementary Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application and Supplementary Application shall be the basis of the contract, should a policy be issued.			
_____	_____		
Signature	Title or Position		

Date			