



TRAVEL AGENCY/TOUR OPERATOR SUPPLEMENT
 Forming part of the Professional Liability Application

 Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Airline or Other Transit _____
 Percentage

Package Tour _____
 Percentage

Self-Prepared Tour _____
 Percentage

Wholesale _____
 Percentage

TOTAL should equal 100%

Insurance Products _____
 Describe _____
 Percentage

Other _____
 Describe _____
 Percentage

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following if Tours are a ranged.

Group Tours _____
 Percentage

Conventions, Seminars, etc. _____
 Percentage

Student/Incentive tours _____
 Percentage

TOTAL should equal 100%

Tours of Hazardous Nature/Adventure Tours
 (e.g. Safaris, Mountain Climbing, Deep Sea Diving, etc.) * _____
 Percentage

Other _____
 Describe _____
 Percentage

* Please Provide Full Description

Does your firm arrange tour for special groups, e.g. senior citizens, children? Yes No



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Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If Yes Please provide:

Client Name

Applicant's relationship with client

Approximate General Revenue generates from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes No

If Yes Please provide:

Client Name

Services Rendered

How long you expect this relationship to continue

Do you provide professional services on projects in which you retain an ownership interest? Yes No

If yes, please provide full details

Do you utilize the services of independent contractors or sub-consultants? Yes No

Approximate percentage of billing attributable to sub-contractors/consultants? Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured? Yes No

If yes, what limits?

How long do you keep your customers information/documentation on file? Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: