

Application for Travel Agents / Tour Operators

Professional Liability Insurance

RENEWAL _____

NEW BUSINESS _____

NOTE: Completion of this application does not obligate you in any way to purchase this insurance.

1. Name of Travel Company (List all other operating names/attach a separate sheet if necessary) _____

2. Address of Principal Office _____ City _____
State _____ Zip _____ (Attach additional sheet if more space is needed for listing Branch office.)

3. Type of operation. (Check) Retail only Wholesale only Retail and Wholesale % Retail _____
(Include as Wholesale any business on which a commission is paid to another firm or agency.) % Wholesale _____

4. Conferences in which you hold appointments: (Check) ARC IATAN AMTRAK
 CLIA TOP Other (Specify): _____

5. Does your agency operate its own tours or sell tours to other travel agents or affinity and/or non affinity groups? YES NO
If yes, enclose samples of the brochures or a description.

6. a. Is your company actively involved in the sale of student and/or adventure tours (i.e. skiing, river rafting, etc.) Yes ____ No ____
b. Does your company operate such tours? Yes ____ No ____
c. If you answered "yes" to either a or b, what percentage of your total gross receipts are derived from these tours: _____ %

7. a. Has your agency ever defaulted to a carrier, conference or a supplier? Yes No
b. Have any of the owners, partners or officers ever been associated with an agency which has defaulted to a carrier, conference or supplier? Yes No If your answer is Yes to either part of this question, attach statement giving full particulars.

8. a. Has any similar insurance been issued to your agency at any time? Yes ____ No ____
If yes, by what insurance company? _____ For what period? _____ Limits? _____ Premium? _____
If this is a renewal with Connecticut Specialty, please give your current policy number and expiration date.
Policy Number: _____ Expiration Date: _____

9. a. What were the total GROSS receipts (total gross sales including air transportation, but excluding travelers checks and foreign automobile sales) of your business last year? \$ _____
b. What were the TOTAL GROSS Receipts from the sale of Standard Ticket Air transportation ONLY? (Use your ARC and/or IATA sales figures for the same period as in 9A); \$ _____
c. What Total GROSS Receipt estimate can you give for the current year'. \$ _____

10. Attach the latest annual statements as prepared by your accountant. Has the firm shown an operating profit for each of the last 3 years? _____

11. Number of Full-time salaried employees _____ Part-time _____
Number of Full-time commissioned _____ Part-time _____
Number of owners/partners Active _____ Inactive _____

12. On what date did the present management assume control or ownership of the agency? _____

13. Do you, or does your company, or any owner, partner, officer or employee have knowledge or information of any occurrence, situation, act, error or omission which might give rise to a claim or has already resulted in a claim such as would be covered by the proposed insurance?
If so, attach sheet with full details.

14. In what trade associations or professional societies do you hold membership? _____

15. Does your agency currently offer Travel Insurance? _____
If so, which products? _____

16. If you are an ARC appointed agency, please list the amount of your bond, the bond company, expiration date and premium: _____

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this application does not bind the company to issue nor the applicant to purchase the insurance.

QUOTATION WILL NOT BE PROVIDED UNLESS ALL QUESTIONS ARE ANSWERED AND APPLICATION IS SIGNED BY A PRINCIPAL OF THE TRAVEL AGENCY.

Name of Firm: _____

Name of Principal (please print): _____

Signature of Principal: _____

Telephone: _____ Date: _____

Fax: _____

New England Excess Exchange
P. O. Box 219
Montpelier VT 05601

NOTICE TO APPLICANTS 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 false material thereto, commits a fraudulent insurance act, which is a crime.

New England Excess Exchange, Ltd.

ADVENTURE TOUR OPERATOR SUPPLEMENTAL QUESTIONNAIRE (Please attach additional sheets if more space is needed)

1. PARTICIPATION

- A. What percentage of your company's total volume is derived from adventure tours? _____ %
- B. How many tours does your company operate per year? _____
- C. What is the average number of participants per tour? _____
- D. What is the average length of a tour? _____ days
- E. What is the average cost of a tour? (Per Person) \$ _____
- F. Please indicate the age breakdown of most participants:

UNDER 18 _____ %

18-25 _____ %

25-60 _____ %

OVER 60 _____ %

2. ESCORT INFORMATION

- A. Does your company employ or contract for tour conductors/escorts? _____
If so, what qualifications do you require and how are they selected? _____

- B. What is the average number of participants assigned to each tour conductor/escort? _____

3. EQUIPMENT

- A. Do you supply tour participants with any equipment? _____
- B. If so, what type of equipment do you supply? _____

- C. Is the equipment included in the price of the tour? _____
- D. Who is responsible for checking the equipment? _____
- E. Do you employ registered mechanics? _____

4. TRANSPORTATION

- A. Does your company charter any conveyance (i.e. motorcoaches, vans, private automobiles, helicopters, etc.) for your tours? _____
If so, please furnish us with a listing of all conveyances chartered. _____

B. Do you own or lease any conveyances used on your tours? _____

If so, please furnish us with a listing of ail conveyances leased.

5. DESTINATIONS

A. Please list three (3) most common destinations of the tours you operate:

- 1. _____ = _____ %
- 2. _____ = _____ %
- 3. _____ = _____ %

B. Does your company, or any of its principals, have any interest in any supplier or resort used on any of your tours? _____

If so, please explain. _____

6. ALCOHOL / NARCOTICS

A. Do you permit tour participants to bring, or do you supply, alcoholic beverages on your tours?

If not, what measures do you take to prevent the consumption of alcohol on your tours? _____

B. Do you offer Travel Accident Insurance to participants? _____

If so, please attach an insurance pamphlet.

7. SUPERVISION

A. Are participants allowed to leave the supervision of the tour leaders at any time? _____

If so, please describe various situations during a tour when this is permitted. _____

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts.

It is understood and agreed that the completion of this questionnaire does not bind the Company to issue nor the applicant to purchase the proposed insurance

QUOTATIONS WILL NOT BE PROVIDED UNLESS ALL QUESTIONS ARE ANSWERED AND THE QUESTIONNAIRE IS SIGNED BY A PRINCIPAL OF THE TOUR COMPANY.

Company: _____

Signature: _____

Title: _____

Date: _____

NOTICE TO APPLICANTS: 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 false materials thereto, commits a fraudulent insurance act, which is a crime.