

**Renewal**

**New Business**

**NOTE: Completion of this application does not obligate you in any way to purchase the 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 offices. )

3. Type of Operation:(Check)

Retail only

Wholesale only

Retail and Wholesale

% Retail

% Wholesale

(Include as Wholesale any business on which a commission is paid to another firm or agency.)

4. Conferences in which you hold appointments (Check)

ARC

IATAN

AMTRAK

CLIA

TPPC

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 a 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?

B. If this is a renewal with the American Home, please give your current:

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  
(or independent contractors) Part-time
- Number of owners/partners Active Inactive  
(Not included above)
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: Amount of your bond \$
- | Bond Company | Expiration Date | Premium \$ |
|--------------|-----------------|------------|
|--------------|-----------------|------------|
17. If you are a non-wholesaler, would you like to include the Travel Supplier Bankruptcy Legal Liability Endorsement?
- Yes No

**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:

Date of Application:

By:

Title

**The undersigned certifies that the answers herein are true and correct to the best of his/her knowledge. Signing of the application does not bind the Insurer to complete the Insurance transaction, but it is agreed that this form shall be the basis of a contract should a Policy be issued.**

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN ALL APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT OF PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

**NOTICE TO MINNESOTA APPLICANTS:** "ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON ANY APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**NOTICE TO OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

Name of Producer

Agency Name:

Street \_\_\_\_\_

City

State

Zip

Telephone:

Fax:

# Supplementary Page

Please reference the number of the question to which these responses apply.