



Travel Agents & Tour Operators Professional Liability Insurance Application

For more information, contact:

1.800.803.1213
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info@berkely.com
www.berkely.com

Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (AR 244489); in CA, MN & OK, AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY and NH, AIS Affinity Insurance Agency.

Berkely Travel | Professional Liability E&O

ATTN: Brokers If you are an insurance broker submitting this application, the following information is required before we can release a quotation. Your agency must hold the appropriate license in the state in which your client is located. Please enter that number and expiration date in the space provided.	This section must be completed by Insurance Agent or Broker		
	(Agency Name)	(Contact)	
	(Street Address)	(City, State)	
	(Telephone Number)		
	(Agency's P&C License Number)	(State)	(Expiration Date)

Travel Agents & Tour Operators Professional Liability Insurance Application

ZURICH AMERICAN INSURANCE COMPANY

ALL QUESTIONS MUST BE COMPLETED. IF NOT APPLICABLE, PLEASE INDICATE ZERO OR N/A.

Business type: Corporation Partnership Sole Proprietor Independent Contractor/Home-Based Agent Other _____

Company/Applicant Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

(Physical location of principal office, not a P.O. Box) Phone #: _____ Fax #: _____

1. List all entities to be insured, including all Trade Names. Attach a separate sheet if necessary. _____

2. List all branch locations (including a mailing address if different from above). Attach a separate sheet if necessary. _____

3. Check all applicable categories and their percentages of total gross volume. _____% Travel Agency _____% Tour Operator _____% Host Agency _____% Meeting Planner _____% Other (explain) _____

4. Type of Operation: _____% Retail _____% Wholesale (any business on which a commission is paid to another firm or agency)

5. A. On what date did present management assume control or ownership of the company? _____

B. How long has senior principal been in travel industry? 2 years or less 3-5 years 5-10 years 10 years or more

6. Gross Volume (Not Commissions):

A. Estimate of Total Gross Sales from your travel, tour, and/or meeting planning business for the next 12 months: \$ _____

B. Total Gross Sales for the applicant's travel, tour, and/or meeting planning business for last year: \$ _____

C. Gross Sales ONLY from the sale of air, rail, and bus transportation tickets last year: \$ _____

D. Gross Sales ONLY from the sale of cruises last year: \$ _____

E. Percentage of sales derived from Corporate Travel: _____%

F. Percentage of sales booked via applicant's website: _____%

7. Number of Employees (other than owners): F/T _____ P/T _____

Number of Independent Salespeople: F/T _____ P/T _____ Number of Active Owners: _____

Note: Individuals can only be included in 1 category.

8. Number of Certified Staff: ___CTC/MCC ___CTP ___CMP ___CSTP ___Other

9. A. Check all of following organizations in which the applicant holds an appointment: ARC IATAN CLIA

B. List all travel/tour associations, consortia, and/or franchises in which the applicant holds membership(s): _____

C. If NTA Member, provide Member ID# _____

10. If the applicant is an independent contractor, list the name(s) of the applicant's host agencies: _____

11. Has any similar insurance been issued to applicant at any time? Yes No If renewal, list expiring Policy No. _____

Insurance Co: _____ Exp. Date: _____ Limits: _____ Premium: _____

12. A. List desired effective date of coverage: _____

B. Please indicate desired limit:

\$1,000,000 / \$1,000,000 \$2,000,000 / \$2,000,000 \$3,000,000 / \$3,000,000

\$4,000,000 / \$4,000,000 \$5,000,000 / \$5,000,000

C. Please indicate desired deductible:

\$500 \$1,000 \$2,500 \$5,000 \$10,000 other _____

Office Use Only
Code: FH
ID #:
New / Renewal:
UW:
Version: TAPL 1/11

13. Does the applicant's agency currently offer Travel Insurance? Yes No

14. Does the applicant, or does the applicant's company, have an interest in any other business? Yes No

If yes, please explain _____

15. Does the applicant, or does the applicant's company, 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? Yes No
If yes, provide a detailed description of each claim or circumstance (including: nature of the claim, whether it is open or closed, the amount involved and results, the date when the claim was made and the date when the act was committed). Attach a separate sheet if necessary. _____

Tour Operations

16. A. Does the applicant operate, package or private-label its own tours? Yes No

If yes, what percentage of the total volume, if any, represents:

Student/Young Adult tours? _____%

Adventure tours? _____%

B. Is the applicant a Meeting Planner? Yes No

If you answered in the affirmative to any of the questions listed above, then a separate questionnaire is required. All Tour Operators and Meeting Planners are required to complete either the standard, student or adventure questionnaire.

Additional Insureds

17. *The following information is required before a request for an Additional Insured can be approved. If more than one Additional Insured is required, please copy this form and complete a separate form for each request.*

A. Name and address of entity to be listed as an Additional Insured:

B. Relationship to the Applicant - *Please circle which of the following best describes the relationship between the entity or organization listed in section A above and the applicant. If none apply, a full description will be required in the space below*

Landlord School or Alumni Organization Community Organization Client Government Agency Venue
 Association Other - a full description of the relationship is required below.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

• Your signature & date is required on page 4.

The discovery of any fraud, intentional concealment, or misrepresentation of material fact will render this policy, if issued, void at inception. Receipt and review of this application does not bind the Company to provide this insurance.

It is agreed by the applicant and the Company that the particulars and statements made in this application shall be the representations of the applicant and the prospective Insureds. It is further agreed by the applicant and the prospective Insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective Insureds, the undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Company are true and correct. Signing of this application does not bind the applicant or the Company.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Notice to Nebraska Applicant: No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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 statement is guilty of a felony of the third degree.

KANSAS: A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: 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 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO: 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.

OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: 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 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 and subjects such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Name of Applicant's Principal, Partner or President (please print):

Title: _____

Signature: _____

Date: _____

Tel: (_____) _____

Fax: (_____) _____

Email: _____

Website: _____



Tour Operator & Meeting Planner Supplemental Questionnaire

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Tour Operators & Meeting Planner Supplemental Questionnaire

This is a supplemental questionnaire only. This form is required in addition to the standard application form. If you are a current policyholder, please list your policy number where indicated. Both forms require a signature of a company principal..

Company Name: _____

Street Address: _____

Are you an existing Zurich Policyholder? Yes No

If Yes:

Policy # EOL _____ Renewal Date: _____

Section 1. General Description of Operations

A. Please list the percentage of the applicant's total gross volume derived from:

a. Operation of Tours: _____

b. Meeting Planning: _____

B. Destinations:

What percentage of the applicant's tours/meetings go to the following locations: (total must equal 100%)

Domestic - U.S. and/or Canada _____% International _____%

For domestic tours/meetings, please list the top three destinations:

1. _____

2. _____

3. _____

For international tours/meetings:

Region	Percentage of Gross Sales
Africa	_____%
Arctic / Antarctic	_____%
Asia (other than southeast)	_____%
Australia / New Zealand	_____%
Caribbean	_____%
Central America	_____%
Europe - Western	_____%
Europe - Eastern	_____%
Middle East	_____%
Mexico	_____%
South America	_____%
Southeast Asia	_____%
Other	_____%

Company Name _____ City/State _____

Country Destinations:

Destination	% of Gross Sales
Haiti	_____ %
Myanmar	_____ %
Colombia	_____ %
Indonesia	_____ %
Israel	_____ %
Peru	_____ %

C. Meeting Planners:

What percentage of the applicant's services is represented by the activities listed below?

- _____ % Booking of Transportation arrangements (air, ground, cruises, transfers)
- _____ % Hotel Bookings
- _____ % Customized Tours/Excursions
- _____ % Destination Management Services
- _____ % Site Selection
- _____ % Consultation Service, Marketing Strategy, Theme Development
- _____ % Wedding, Bar/Bat Mitzvahs, Sweet 16's, etc.
- _____ % Catering, Floral Arrangements, Video & Still Photography
- _____ % Print & Promotional Material
- _____ % Booking of Entertainment
- _____ % Meeting Facilitation
- _____ % Tradeshow Exhibition
- _____ % Special Events (i.e. Golf Outings, Grand Openings, Holiday Parties, Product Launches, etc.)
- _____ % Other _____

Section 2. Transportation

A. Hired / Non-owned Land Transportation

- a) What percentage of the applicant's transportation services are provided by:
 - Owned vehicles? _____ %
 - Non-owned vehicles? _____ %
- b) List percentage of tours / meetings that include Motorcoach transportation:
 - Domestic: _____ %
 - International: _____ %
- c) What is the average seating capacity of the vehicles used to transport your clients:
 - Fewer than 16 _____ 16 or over _____
- d) Check the miles traveled per day for your average tour / excursion:
 - ___ Up to 50 miles ___ Up to 100 miles ___ Up to 200 miles ___ Over 200 miles
- e) What percentage of tours/meetings include transfers (to/from hotels and airport)?
 - Domestic: _____ % International: _____ %

Company Name _____ City/State _____

B. Air and Vessel Charters:

a) Does the applicant ever enter into any charter agreements with any:

Air transportation vendors: Yes No

Cruise / vessel companies: Yes No

If yes, please provide the destinations, a tour description, and a sample charter agreement for each:

b) Does the applicant ever enter into an agreement with a Destination Management Company (in country operator) who would then, in turn, charter an aircraft or vessel?

Yes No

If yes, please attach a copy of your standard DMC agreement.

Section 3. Risk Management

A. Risk Management - General

Please check which of the following loss control / risk management procedures are currently used by the applicant's organization. Attach a sample of each item checked and include a sampling of tour brochures / itineraries.

- Use of Disclaimers/Responsibility Clauses on brochures or travel documents
- Collection of Certificates of Insurance from Vendors
- Emergency Hot-Lines
- Sale of Travel Insurance
- Operations Manual - written procedures
- Loss Control Manual - written procedures
- Continuing Education requirements and/or certification programs
- Use of Preferred Suppliers and percentage of total volume this represents: _____
- Crisis Management Plan

B. Risk Management - Land transportation - Domestic Tours

Please check which of the following risk management procedures are currently used by the applicant's organization for U.S and Canadian destinations:

- Standardized procedures for the collection of certificates of insurance from all land transportation vendors
- Applicant is listed as an Additional Insured on these certificates (attach sample)

Company Name _____ City/State _____

C. Risk Management - Land transportation - International Tours

Please check either yes or no regarding the following risk management procedure:

Applicant has a written, standardized Vendor Selection Process (includes suppliers and/or in-country operators or Destination Management Companies).

- Yes No If yes, please attach a copy of this document.

Regarding your vendor selection process, please check which of the following due diligence procedures are included in this process:

- Supplier was recommended by other known and trusted supplier, industry colleague and/or is recognized by an established travel or tour industry association
- Supplier has been operating for a minimum of 5 years
- Supplier has a proven track record for safety, either incident-free or with no serious or material claims
- Supplier has a written Crisis Management Plan
- Supplier is chosen for its expertise with a reputation for being among the most experienced of local receptive operators
- Supplier is compliant with local insurance and licensing regulations
- Supplier is accessible 24/7 for handling contingencies and emergencies
- Tour Operator and Supplier have a written, signed contract
- Supplier agrees to sign a 'hold harmless' provision with the Tour Operator
- Tour Operator and Supplier perform periodic quality review programs
- Tour Operator has written, minimum service standards with the Supplier
- Tour Managers (employees of Tour Operator) accompany most excursions
- Supplier has standard procedures in place for addressing Customer Service complaints
- Supplier can produce favorable credit references and financial statements

Please describe any other risk management procedures not listed in the above:

Limit and Deductible Options:

Please refer to question 12 on page 2 of the main application form. Check the applicable boxes for both the limit and deductible options. Higher limits (those above \$1,000,000) may not be available to all applicants. Note that the minimum deductible available for student and adventure operators will be \$2,500.

Company Name _____ City/State _____

STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all the questions and answers of these applications.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Your signature and date is required on page 7.

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the insurer; and received the insurer to the insurer's injury.

Receipt and review of this application does not bind the insurer to provide this insurance.

Signing of this application does not bind the applicant or the insurer.

Inspections and Surveys: We have the right to make inspections and surveys at any time; give you reports on the conditions we find; and recommend changes. We are not obligated to make any inspections, surveys, reports, or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions are safe or healthful; or comply with laws, regulations, codes or standards.

The above applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

This condition does not apply to any inspections, surveys, reports or recommendations we make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance.

Fraud Notice to 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

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WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature _____ Title _____

Agent/Broker _____

Address _____

City _____ State _____ Zip Code _____

Telephone number () _____ Date _____

Disclosure Statement



DISCLOSURE OF COMPENSATION

Berkely Agency/Berkely Insurance Agency is a licensed insurance agency representing Zurich. This notice is provided to advise you about the compensation we receive for our services. We are compensated by Zurich for placing policies with Zurich and for providing service to customers on those policies.

We hope this information is helpful. Thank you.