

TRAVEL AGENTS AND TOUR OPERATORS LIABILITY INSURANCE POLICY NEW BUSINESS APPLICATION

Applicant Information			
Company/Applicant Name:			
Applicant Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Other			
Street Address:			
Address Line 2:			
City:	State:	Zip:	Country:
Mailing Address (if different from above):			
Mailing Address line 2 (if different from above):			
City:	State:	Zip:	Country:
Website Address:			
Contact Name:		Contact Title:	
Phone:		Contact Person's Email Address:	

Please answer the following questions. Attach a separate sheet, if necessary.

1. Please indicate the desired Limit:

Per Occurrence/Policy Aggregate		
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000

2. Please indicate the desired Deductible:

Per Occurrence		
<input type="checkbox"/> \$500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	Other:

3. List all other entities to be insured, including Trade Names (if none, please indicate N/A)

Name of Entity	Address (if different)	Date Established	Business Type

4. List all branch locations including mailing address if different from above (if none, please indicate N/A)

Name of Branch	Address (if different)

5. What year was your company established?
6. How long has your senior management been in the travel/tour industry (new applicants only)? _____ years
7. Does the applicant have an ownership interest in any other businesses? Yes No
If Yes, please describe
8. During the past 12 months:
 - A. Has there been a change in ownership, management and/or a name change? Yes No
If Yes, please describe:
 - B. Any change in applicant's operations? Yes No
If Yes, please describe:
9. Gross Sales Volume (NOT COMMISSIONS/REVENUE/PROFITS/FEES)
 - A. Estimate of Total Gross Sales from your travel, tour, and/or meeting planning business for the next 12 months
 - B. Actual Total Gross Sales for your travel, tour, and/or meeting planning business for last 12 months
10. Check all applicable categories and state their percentage of Total Gross Sales Volume (The total of A.– F. should be 100%)

A.	<input type="checkbox"/>	%Travel Agency	
	a.	% Leisure Travel	The total of a. and b. should be 100%
	b.	% Corporate Travel	
B.	<input type="checkbox"/>	% Host Agency	
C.	<input type="checkbox"/>	% Tour Operator	
D.	<input type="checkbox"/>	% Meeting Planner	
E.	<input type="checkbox"/>	% DMC/Receptive	
F.	<input type="checkbox"/>	% Other	Please describe:

11. Please complete the following:
 - A. Number of Employees FT PT
 - B. Number of Independent Contractors FT PT
 - C. Number of Active Owners
 - D. Total Number of Persons Booking Travel
 - E. Do any staff members have Travel Industry designations or certifications? If so, please check all that apply:

<input type="checkbox"/> Certified Travel Counsellor(CTC)	<input type="checkbox"/> Certified Tour Professional(CTP)	<input type="checkbox"/> Certified Student Travel Professional (CSTP)
<input type="checkbox"/> Master Cruise Counsellor(MCC)	<input type="checkbox"/> Certified Meeting Professional (CMP)	<input type="checkbox"/> Other

12. Does your company sell travel services to customers residing outside of the United States? Yes No, if Yes
 - A. In what countries do these customers reside?
 - B. What percentage of your Annual Gross Sales is derived from these international customers? _____ %
 - C. Is the travel sold to these customers inbound to the United States? Yes No
If No to 12.C, what are the travel destinations sold to these customers?

13. Does the applicant utilize terms and conditions with disclaimers in promotional materials or brochures, on invoices or itineraries, on a website, or any other location? Yes No
14. If you are selling travel in the name of your host agency do you utilize and provide their terms and conditions to your customers? Yes No NA List host agency, if applicable:
15. Does the applicant currently offer or recommend Travel Insurance? Yes No
16. List all of the travel industry organizations or entities in which the applicant holds an appointment, a membership and/or franchise ownership:

17. If new to Arch, has any prior insurance been issued to the applicant at any time? Yes No NA

18. If Yes, please provide:

A. Insurance Company Name:	B. Expiration Date:
C. Limit:	D. Premium:

19. If new to Arch, does the applicant 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, please describe (attach separate sheet if necessary):

20. Certificates of Insurance – Complete the following for all certificates of insurance requested:

Name of Requestor	Address	COI Only	Additional Insured	Primary and Non-contributory*	Waiver of Subrogation*	30-Day Notice of Cancellation	Relationship to Applicant**
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*For requests including primary and non-contributory language and/or a waiver a subrogation, please attach a copy of the contract stating these requirements.

** Use the following to indicate the relationship to the Applicant: (C) Client; (S) Supplier/Vendor; (L) Landlord; (VU) Venue; (SCH) School; (M) Municipality; (O) Other

FOR ALL APPLICANTS THAT OPERATE, PACKAGE, OR PRIVATE-LABEL THEIR OWN TOURS OR PLAN MEETINGS A TOUR OPERATOR AND MEETING PLANNER SUPPLEMENTAL QUESTIONNAIRE WILL BE REQUIRED.

REPRESENTATIONS:

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer’s decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters.

The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Program Administrator immediately in writing. The Program Administrator reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer’s underwriting guides. The Program Administrator is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Program Administrator not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR

FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

THE COMPLETION OF THIS APPLICATION OR THE ATTACHED SUPPLEMENTS, OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY. APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, all firms and individuals requesting insurance through this application.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

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 DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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.

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 KANSAS APPLICANTS: 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, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal 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 commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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 LOUISIANA APPLICANTS: Any person who knowingly and with intent to deceive, presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and with intent to deceive, presents false information, that is material to the risk, in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who 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 an 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 claims 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, 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 OKLAHOMA APPLICANTS: WARNING: 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 any false, incomplete or misleading information is guilty of a felony

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be 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 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.

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE FIRM APPLYING FOR COVERAGE

Signature of Owner, Partner or Senior Officer _____	Title _____	Date ____/____/____
If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.		
Producer Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____

For more information, contact:

1.800.803.1213

fax 516.294.1821

travpro@aon.com

AonTravPro.com

Aon Travel Professionals Liability Insurance | 900 Stewart Avenue, Garden City, NY 11530