

ADMIRAL INSURANCE COMPANY
1255 Caldwell Road
Cherry Hill, NJ 08034
Phone: 856-429-9200- Fax: 856-429-8611
Internet: <http://www.admiralins.com>

**SUPPLEMENT FOR
TRAVEL AGENT
(Claims Made)**

1. Applicant _____

2. Description of Operations: _____ % Retail _____ % Wholesale

3. Do you arrange tours? Yes No If Yes, please provide details of type of tours and what percentage of revenue for each:

Group Tours	_____ %
Conventions	_____ %
Business	_____ %
Student	_____ %
High Risk (mountaineering, safari, skiing, locations with civil unrest, etc.	_____ %
Other: _____	_____ %
_____	_____ %

(Total should be 100%)

4. Do you book foreign tours? Yes No If Yes, please answer the following:

- a) _____ % of your total revenue derived from foreign tours.
- b) _____ % of foreign tours that are booked through U. S. based wholesale operator.
- c) Please list the locations and countries where you book foreign tours:

5. Do you operate your own tours? Yes No If yes, please provide details of types of tours and the total revenue generated from these tours:

6. Do you operate tours for other related companies? Yes No If yes, please provide full details of the type of tours and the total revenue generated from these tours:

7. How long have you operated your own tours? _____

8. Approximate number of tours you operate per year for:

last fiscal yr. _____ est. next fiscal yr. _____

9. What % of tours you operate are: within the U.S. _____% outside the U.S. _____%

10. Do you have contracts or written agreements with all suppliers? Yes No

11. Do you screen your suppliers and require evidence of professional liability? Yes No

12. What trade associations or professional societies do you hold memberships? _____

13. Do you subscribe to any computer booking or reservation system? Yes No If Yes, please list:

14. Please check conferences in which you hold appointments:

ARC IATA AMTRAK IPSA IPPC ASTA ARTA
 Other (describe)

15. Please include the following with this supplement:

- A. Contract used with tour suppliers.
- B. Income Statement for last complete fiscal year.
- C. Staff listing with their title and length of time employed with your firm.

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 sole basis of any subsequent contract of insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance and the Company retains the right to determine the minimum acceptable limit of liability.

Applicant Signature: _____ Title: _____ Date: _____

8. Is Applicant engaged in any business/profession other than as stated in question 6.? Yes No

If Yes, please provide details by separate attachment.

9. Does Applicant contemplate any change in services or emphasis planned for the next 12 months?

Yes No **If Yes, please provide details by separate attachment.**

10. Please explain what type of claim or allegations could the Applicant be involved in?

11. PROFESSIONAL LIABILITY COVERAGE FOR LAST 5 YEARS (if NONE check here)

CARRIER	LIMIT (per claim/agg)	DEDUCTIBLE	PREMIUM	EXPIRATION (mm/dd/yy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. What is the **retroactive date** of expiring Professional Liability policy? _____ (mm/dd/yy).

13. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years? Yes No

If Yes, please provide details on separate attachment.

14. Has any professional liability claim or suit been made against Applicant, any predecessor in business or against any past or present partner/officer(s)? Yes No

If Yes, please provide on separate attachment these details – allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses.

15. Is the Applicant aware of any circumstance or incident which may result in any claim against them or any predecessor in business or any past or present partner/officer? Yes No

If Yes, please provide details on separate attachment.

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell no the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.

The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Signature of Applicant

Date

Title (Officer/Principal/Partner)