

THIS IS A SUPPLEMENTAL APPLICATION.

The Miscellaneous Errors and Omissions Application must also be fully completed, dated and signed.

Please include a copy of the following: (i) sample contracts; (ii) sample charter agreements; and (iii) marketing materials and brochures.

1. General Information

- (a) Name of Applicant: _____
- (b) Do you act as a: (i) Franchisor? Yes No (ii) Franchisee? Yes No
- (c) How many licensed agents are on staff: (i) Employees: _____ (ii) Independent Contractors: _____
- (d) Of the Gross Revenue provided in the Miscellaneous Errors and Omissions Liability Insurance Application Form Question 6.(b). Please indicate the Total Annual Commission: \$ _____
- (e) Please indicate the approximate percentage of last year's sales derived from **(total must equal 100%)**:
- (i) Retail Travel _____ % - if any, complete **Section 2.**
- (ii) Tour Operations or Wholesale Travel _____ % - if any, complete **Section 3.**

2. Retail Information

- (a) Please indicate the approximate percentage of last year's sales derived from **(total must equal 100%)**:
- (i) Air, rail, bus or other transportation _____%
- (ii) Pre-packaged Tours _____%
- (iii) Meeting & Event Planning _____%
- (iv) Cruises _____%
- (v) Resort Packages _____%
- (vi) Insurance and related products: _____%

Please describe:

3. Tour Operators / Wholesaler Information

- (a) Please indicate the approximate percentage of last year's sales derived from **(total must equal 100%)**:
- (i) Self-prepared tours _____%
- (ii) Wholesale tours _____%
- (iii) Other _____%

Please describe:

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3. Tour Operators / Wholesaler Information

(b) Please indicate the approximate percentage of these sales derived from:

- (i) Meeting/event planning _____%
- (ii) Group tours _____%
- (iii) Incentive tours _____%
- (iv) Student tours _____%
- (v) Adventure tours/ Extreme sports _____%

(c) Does any parent, subsidiary or other affiliated company operate tours? Yes No

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

Domestic - Canada _____ % Domestic - USA _____ % International _____%

(i) For Domestic tours/meetings, please list the top three destinations:

(ii) For International tours/meetings, please provide the % of gross sales to the following destinations **(total must equal 100%)**:

- | | |
|-------------------------------------|------------------------------|
| Africa _____ % | Arctic/Antarctic _____% |
| Asia (other than southeast) _____ % | Australia/New Zealand _____% |
| Caribbean _____ % | Europe - Western _____% |
| Europe - Eastern _____ % | Middle East _____% |
| Mexico _____ % | South America _____% |
| Southeast Asia _____ % | Other: _____% |

(iii) Please specify % of gross sales to the following destinations:

- | | |
|---------------------|------------------------|
| Afghanistan _____ % | Burma (Myanmar) _____% |
| Columbia _____ % | Haiti _____% |
| India _____ % | Indonesia _____% |
| Iraq/Iran _____ % | Israel _____% |
| Pakistan _____ % | South Sudan _____% |

(e) Does the Applicant ever enter into any charter agreements with any:

Air transportation vendors Yes No Cruise/ vessel companies: Yes No

If YES, please describe, including destination and tour description:

4. Risk Management

(a) Please indicate the loss control or risk management procedures currently in place from the following list:

- (i) Use of disclaimers/responsibility clauses on brochures and travel documents? Yes No
- (ii) Collecting Certificate of Insurance from all vendors? Yes No

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4. Risk Management

(iii) On-site representatives?	Yes	No
(iv) Emergency hotlines?	Yes	No
(v) Sale of Travel Insurance?	Yes	No
(vi) Operations Manual - Written procedures?	Yes	No
(vii) Loss Control Manual - written procedures?	Yes	No
(viii) Use of preferred suppliers?	Yes	No
(ix) Continuing education requirements and/or certification programs?	Yes	No
(x) Crisis Management Plan?	Yes	No

If NO to any of the above, please explain:

(b) Applicant has a written, standardized Vendor Selection Process?	Yes	No
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If NO, please explain:

If YES, please check which of the following due diligence procedures are included in this process:

Supplier was recommended by other known and trusted suppliers, industry colleagues 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

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5. Warranty Statements

(a) Has the Applicant, or any of the Applicant's employees or independent contractors, ever been investigated by, or suspended from practice by any governing body of his/her profession? Yes No

If Yes, please explain:

(b) In the last five years, has any claim ever been made against the Applicant or any of the Applicant's employees or independent contractors? Yes No

If YES, please provide full details on a separate sheet, including (1) date of such claim, (2) claimant's name, (3) description of allegations of wrong-doing made, (4) amount of indemnity payment and Defence Costs paid and (5) the final disposition or current status of such claim.

(c) Does the Applicant, or any of the Applicant's employees or independent contractors, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim? Yes No

If Yes, please explain:

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in (c) or in response to Question (16) on the Miscellaneous Errors and Omissions Liability Insurance Application Form, any claim or action arising from such fact, circumstance or situation will be excluded from coverage under the proposed policy, if issued by the Insurer.

This Supplemental Application for Travel Agents is attached to and forms a part of the Miscellaneous Errors and Omissions Liability Insurance Application Form. It is subject to the same provisions concerning representations made in the basic application.

COMPLETED AND DULY SIGNED AND DATED.

Signed: _____
Print Name: _____
Title: _____
Date: _____