ZURICH

Travel Agents & Tour Operators
Professional Liability Insurance Application

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: 613
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: _____

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.