



Professional Liability Application for Travel Agents

Broker:

ALL QUESTIONS MUST BE ANSWERED. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

1. APPLICANT FIRM

Name:

Year in Business:

Full Mailing Address:

Website Address:

Any other trade names currently used:

Name(s) of any previous organizations, partnerships or other business names used previously by the insured:

2. PROFESSIONAL PRACTICE

Please provide the applicant's total sales and commissions:

Time Period	Total Annual Sales	Total Annual Commissions
Previous Fiscal Year		
Current Fiscal Year (projected)		

Please provide the percentage split in sales revenues (must total 100%):

Type of Service	Percentage of Sales
Airline or Other Transit	
Business placed through Package Tour Operators	
Insurance Products	
Self-Prepared Tours*	
Wholesale*	
Other (please describe)*:	

*If Applicant derives income from any starred operations please attach a detailed description or brochures



If the Applicant arranges tours, please indicate percentage of arranged tour sales derived from the following activities:

Activity	Percentage of Arranged Tour Sales
Group Tours	
Conventions, Seminars etc	
Student/Incentive Tours	
Tours of Hazardous Nature (e.g. Mountain Climbing, Safaris etc)	

Provide the Applicant Firm's geographical split in revenues:

Country	Percentage
Canada	
USA	
Other Countries (please specify)	

Does any subsidiary, parent of other affiliated company of the Applicant operate tours? If yes please provide details:

YES NO

Does the Applicant act as a:

- a) Franchisor?
 YES NO
- b) Franchisee?
 YES NO

Does the Applicant or any member of the Applicant Firm provide professional services to a client:

- a) in which they have an ownership interest? If YES, on a separate page please provide all relevant information, such as the name of the client and the nature of the professional services provided to this client.
 YES NO
- b) by whom they are employed, other than as an independent consultant? If YES, on a separate page please provide the name of the employer and describe the nature of the work conducted as an employee:
 YES NO

Does the Applicant Firm sub-contract out work to other professionals? If YES, on a separate page describe the type of work and give the annual amount subcontracted for the last three fiscal years:

YES NO

Please provide the following information for all members of the Applicant Firm performing professional activities on behalf of the Applicant Firm and attach resumes to the application:

Name	Title or Duties	Educational Background/Qualifications	Number of Years Experience



3. PRIOR INSURANCE AND CLAIMS

For the purposes of this Application Form, the word claim, as used in the following questions means:

- a) a verbal or written demand for money damages from a third party;
- b) a verbal or written allegation suggesting that the Applicant Firm or a member of the Applicant Firm including predecessors in business and former staff, may have committed an error, omission or negligent act in respect of professional services provided to a third party; and/or
- c) a fact or circumstance arising out of professional services that is known to the Applicant Firm or a member of the Applicant Firm, which could reasonably be foreseen to give rise to a future claim for money damages..

During the last five years, has the Applicant carried Professional Liability (Errors and Omissions) Insurance? If YES, please complete the following for all previous insurance:

Name of Insurer	Policy Number	Policy Period		Limits of Liability	Deductible	Annual Premium (E&O only)
		From	To			

During the past five years, has any Insurer ever cancelled, declined or refused to renew the Applicant Firm's or any previous organization's or partnership's Professional Liability (Errors and Omissions) Insurance? If YES, state in each case, the name of the Insurer and give the reason(s):

Insurer	Reason

After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, has anyone, in the past five years, ever been the subject of a claim in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the claim(s) on a separate page:

- YES NO

After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, has anyone, in the past five years, ever given notice of a possible claim to an Insurer in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the claim(s) on a separate page:

- YES NO

After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, is anyone aware of any act or circumstance which could reasonably be expected to be the basis of a future claim in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the potential claim(s) on a separate page:

- YES NO



4. COVERAGE AND DEDUCTIBLE

Check	Limit Of Liability	Check	Deductible
<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$2,500
<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$5,000
<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$3,000,000	<input type="checkbox"/>	\$15,000
<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Requested Effective Date:

I/We hereby declare for and on behalf of the Applicant Firm and each and every one of its members to be insured, that to the best of my/our knowledge, the above statements and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected there from. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, the Applicant Firm or its members prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to Intact Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with Intact Insurance Company, or any of its affiliates.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

Signature of individual Applicant or Duly Authorized Officer:

Title:

Date Signed:

IMPORTANT: This type of insurance coverage applies only to claims made and reported to the Insurer during the policy period. Coverage does not apply, however, to claims that arise out of errors, omissions or negligent acts or facts or circumstances that may reasonably give rise to a claim at a future date that are known to the applicant at the time when this application is signed and dated. Therefore, if the applicant is currently insured by an Insurer other than Intact Insurance Company and/or its affiliated companies, and that contract of insurance is on a claims made basis, it is incumbent upon the applicant to report all known circumstances which may give rise to an eventual claim to that Insurer. Please refer to your Insurance Broker if you do not understand the foregoing.