



United States Liability Insurance Group
Individual Travel Agents Supplementary



1. Name of Applicant: _____

2. Date first licensed and list of travel agent associations you are a member of:

3. Is at least 75% of your travel agents income derived from retail operation? Yes No
 a. Annual travel agency income from retail operation \$ _____
 b. Annual travel agency income form wholesale operation \$ _____

4. Are you involved in the sale of student and/or adventure tours? (i.e.: safari, spring break getaway, skiing trips, etc.)? Yes No

5. Do you book foreign tours? Yes No

6. Has any of the owners, partner or officers ever been associated with an agency which has defaulted to a carrier, conference or supplier?
 Yes No

7. Has there been any Claim made against you or has anyone alleged any wrongdoing by you in the past 5 years in the rendering of Professional Services? Yes No

8. Are you aware of any fact, circumstance, situation, act or omission which might reasonably be expected to be the basis of a claim or suit against you? Yes No

9. Have you ever had your licensed provoked, limited or canceled? Yes No

10. Do you currently carry Professional Liability Insurance covering your travel agency activities? Yes No
 If Yes, your retroactive date: _____ attach a copy of the declarations page of your expiring policy showing retroactive date.

IT IS UNDERSTOOD THIS SUPPLEMENT BECOMES PART OF APPLICATION FOR BUSINESS ERRORS OR OMISSIONS LIABILITY, AND IS UTILIZED TO DEVELOP INFORMATION UNIQUE TO THE OPERATIONS OF THE APPLICANT.

 Date

 Authorized Representative