



2 Waterside Crossing, Suite 102, Windsor, CT 06095 phone 860.903.0000 fax 860.903.0001
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Applicant Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	Web Address: _____ Telephone: _____ Other Locations by State: _____																				
1.) Date Established: _____ (If less than 1 year, attach resumes of principals) Number of: _____ Prof. Employees _____ Total Employees _____ Independent Contractors Do you require IC's to carry their own E&O? <input type="checkbox"/> Yes <input type="checkbox"/> No	7.) Please breakdown the following (total 100%): _____% Retailer _____% Wholesaler																				
2.) Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	8.) Commissions from services covered under this policy (use projections if a start-up): \$ _____ Next Year (projected) \$ _____ Current Year \$ _____ Last Year																				
3.) Do you routinely offer Travel Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If the traveler declines, is the declination documented? <input type="checkbox"/> Yes <input type="checkbox"/> No	9.) Percentage of receipts derived from: _____% Corporate Travel _____% Group Travel (8+ bookings at once) _____% Cruises _____% Foreign Travel (outside US and Canada) _____% Student/Youth Travel _____% Adventure Travel _____% Other: _____																				
4.) Does the Applicant: (a) operate its own tours? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) sell tours to other travel agents, affinity and/or non-affinity groups? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) sell tours for affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	10.) Please indicate if travel is arranged to following locations by giving the percentage of Annual Gross Receipts from these bookings: _____% Canada, Caribbean, Mexico, South America _____% Europe _____% Middle East _____% Africa _____% Asia, Australia _____% USA																				
5.) Does the Applicant routinely collect Certificates of Insurance from vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do you mandate that your company be added as an Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to either q., what is the minimum amount of insurance that is required from vendors? \$ _____	11.) If q. 4 a, b or c is answered Yes, please complete table with regards to Applicant's top 3 destinations: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Destination</u></th> <th style="text-align: center;"><u>% of Annual Gross Receipts</u></th> <th style="text-align: center;"><u>Passenger Count</u></th> <th style="text-align: center;"><u>Avg. Trip Cost per Passenger</u></th> <th style="text-align: center;"><u>Avg. # of Days per Tour</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">%</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Destination</u>	<u>% of Annual Gross Receipts</u>	<u>Passenger Count</u>	<u>Avg. Trip Cost per Passenger</u>	<u>Avg. # of Days per Tour</u>	_____	%	_____	_____	_____	_____	%	_____	_____	_____	_____	%	_____	_____	_____
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_____	%	_____	_____	_____																	
_____	%	_____	_____	_____																	
6.) Is current professional liability coverage in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Carrier: _____ Limits: _____ Retention: _____ Premium: _____ Retro Date: _____ Desired Terms: _____ Limits: _____ Retention: _____	12.) What legal disclaimers, if any, does the Applicant use on its sales literature or other materials? _____ Are legal disclaimers used regarding the safety of any given location? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Applicant require signed waivers of liability from all clients? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____																				
13.) Have any of the Applicant's owners, principles, directors, officers or employees: Ever been the subject of an investigation, disciplinary or criminal action as a result of their Professional activities? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Ever had claims made against them? * <input type="checkbox"/> Yes <input type="checkbox"/> No Obtained any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? * <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, **explain as an attachment; *fill out Supplemental Claims Form.	NOTICE TO APPLICANT, PLEASE READ CAREFULLY: Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental Application submitted by the Applicant. Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.																				
It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance. Applicant Signature: _____ Date: _____ Name and Title (Please Print): _____																					