

TRAVEL AGENTS SUPPLEMENT



1. On what date did the present management assume control, management or ownership of this agency?

2. Do you operate wholly or partially as an in-house travel department for any organization? ----- Yes No
If "Yes", please indicate the name of the organization and the percentage of your annual gross revenue that it represents.
3. Please provide a percentage breakdown based upon gross revenue for the past twelve (12) months of the source of your revenue. If Firm is newly established, please provide best estimate. Percentages should total 100%.

| | | | |
|-------------------------|--------|----------------------------|--------|
| Retail - All Other | _____% | Wholesale - Escorted Tours | _____% |
| Retail - Escorted Tours | _____% | Other: (Describe) | _____% |
| Wholesale - All Other | _____% | _____ | _____% |

4. Does your agency operate its own tours or sell tours to other travel agents or affinity and/or non-affinity groups? ----- Yes No
If "Yes", please provide details.
5. Does your agency sell or operate any student, senior citizen or adventure tours? ----- Yes No
If "Yes", please provide details.
6. Does your agency have an exclusive arrangement to sell or promote tours or vacation packages of any kind put together by any travel wholesaler, tour promoter, tour company or others? ----- Yes No
If "Yes", please provide details.
7. Has your Firm or any member of your Firm ever defaulted in any way on any kind of obligation to a carrier, conference, supplier, client or consumer or been associated with an agency that did so? ----- Yes No
If "Yes", please provide details.
8. Have you mailed out any travel solicitations of any kind within the past two (2) years? ----- Yes No
If "Yes", please describe the mailing(s), their size, their frequency, their audience and the location (states) of its recipients.
9. Have you offered your clients any type of travel insurance or any other type of insurance within the past five (5) years? ----- Yes No
If "Yes", please describe the type of insurance, the carriers involved and your total annual commission income derived from insurance sales.

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by a principal, partner or owner as duly authorized on behalf of the Applicant.

Signature of Principal, Partner or Owner

Title

Date