

Intact Insurance Company

Application for Travel Agents' Errors & Omissions Liability



All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant: _____

Postal Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

Number & Location of Branch Offices: _____

2. Full Names of Principals & all Partners _____ Years of Experience _____

3. Total Number of:

a) Working Partners or Directors: _____

b) Managers: _____

c) Clerical Staff: _____

d) Others (give details): _____

4. a) Gross Receipts: _____

b) Airline Receipts: _____

c) Gross Commissions: _____

5. What professional organizations are you associated with? _____

6. Do you engage in business activities other than those of a travel agent? Yes No

If yes, give details: _____

7. Do you arrange tours or charters or act as a travel wholesaler? Yes No

If yes, state the percentage of revenue derived from these sources and describe these activities in full:

8. Give particulars of all professional liability insurance held by the Applicant for past three (3) years.

| Type of Policy | | Policy Number | Insurer | Policy Limit | Policy Period |
|----------------|------------|---------------|---------|--------------|---------------|
| Claims Made | Occurrence | | | | |
| * | | | | | |
| * | | | | | |
| * | | | | | |

*If the policy is subject to a Retroactive Date, give details: _____

9. a) Does Applicant issue guarantees and/or warranties to customers? Yes No
 If yes, attach full details and copy of Applicant's form of guarantee or warranty.
- b) Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability? Yes No

If yes, give full details: _____

10. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

| Date of Accident | Amount | | Details |
|------------------|--------|-------------|---------|
| | Paid | Outstanding | |
| | | | |
| | | | |
| | | | |

11. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant? Yes No

If yes, give details: _____

12. Limits of Insurance desired: \$ _____ Each Claim
 \$ _____
 \$ _____ Aggregate
 _____ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.