

## TRAVEL AGENTS AND TOUR OPERATORS LIABILITY INSURANCE POLICY NEW BUSINESS APPLICATION

Applicant Information			
Company/Applicant Name:			
Applicant Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Other			
Street Address:			
Address Line 2:			
City:	State:	Zip:	Country:
Mailing Address (if different from above):			
Mailing Address line 2 (if different from above):			
City:	State:	Zip:	Country:
Website Address:			
Contact Name:		Contact Title:	
Phone:		Contact Person's Email Address:	

**Please answer the following questions. Attach a separate sheet, if necessary.**

1. Please indicate the desired Limit:

Per Occurrence/Policy Aggregate		
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000

2. Please indicate the desired Deductible:

Per Occurrence		
<input type="checkbox"/> \$500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	Other:

3. List all other entities to be insured, including Trade Names (if none, please indicate N/A)

Name of Entity	Address (if different)	Date Established	Business Type

4. List all branch locations including mailing address if different from above (if none, please indicate N/A)

Name of Branch	Address (if different)

5. What year was your company established?
6. How long has your senior management been in the travel/tour industry (new applicants only)? \_\_\_\_\_ years
7. Does the applicant have an ownership interest in any other businesses?  Yes  No  
If Yes, please describe
8. During the past 12 months:
  - A. Has there been a change in ownership, management and/or a name change?  Yes  No  
If Yes, please describe:
  - B. Any change in applicant's operations?  Yes  No  
If Yes, please describe:
9. Gross Sales Volume (NOT COMMISSIONS/REVENUE/PROFITS/FEES)
  - A. Estimate of Total Gross Sales from your travel, tour, and/or meeting planning business for the next 12 months
  - B. Actual Total Gross Sales for your travel, tour, and/or meeting planning business for last 12 months
10. Check all applicable categories and state their percentage of Total Gross Sales Volume (The total of A.– F. should be 100%)

A.	<input type="checkbox"/>	%Travel Agency	
	a.	% Leisure Travel	The total of a. and b. should be 100%
	b.	% Corporate Travel	
B.	<input type="checkbox"/>	% Host Agency	
C.	<input type="checkbox"/>	% Tour Operator	
D.	<input type="checkbox"/>	% Meeting Planner	
E.	<input type="checkbox"/>	% DMC/Receptive	
F.	<input type="checkbox"/>	% Other	Please describe:

11. Please complete the following:
  - A. Number of Employees      FT      PT
  - B. Number of Independent Contractors      FT      PT
  - C. Number of Active Owners
  - D. Total Number of Persons Booking Travel
  - E. Do any staff members have Travel Industry designations or certifications? If so, please check all that apply:

<input type="checkbox"/> Certified Travel Counsellor(CTC)	<input type="checkbox"/> Certified Tour Professional(CTP)	<input type="checkbox"/> Certified Student Travel Professional (CSTP)
<input type="checkbox"/> Master Cruise Counsellor(MCC)	<input type="checkbox"/> Certified Meeting Professional (CMP)	<input type="checkbox"/> Other

12. Does your company sell travel services to customers residing outside of the United States?  Yes  No, if Yes
  - A. In what countries do these customers reside?
  - B. What percentage of your Annual Gross Sales is derived from these international customers? \_\_\_\_\_ %
  - C. Is the travel sold to these customers inbound to the United States?  Yes  No  
*If No to 12.C, what are the travel destinations sold to these customers?*

13. Does the applicant utilize terms and conditions with disclaimers in promotional materials or brochures, on invoices or itineraries, on a website, or any other location?  Yes  No
14. If you are selling travel in the name of your host agency do you utilize and provide their terms and conditions to your customers?  Yes  No  NA List host agency, if applicable:
15. Does the applicant currently offer or recommend Travel Insurance?  Yes  No
16. List all of the travel industry organizations or entities in which the applicant holds an appointment, a membership and/or franchise ownership:

17. If new to Arch, has any prior insurance been issued to the applicant at any time? Yes No NA

18. If Yes, please provide:

A. Insurance Company Name:	B. Expiration Date:
C. Limit:	D. Premium:

19. If new to Arch, does the applicant have knowledge or information of any occurrence, situation, act, error, or omission which might give rise to a claim or has already resulted in a claim? Yes No

If Yes, please describe (attach separate sheet if necessary):

20. Certificates of Insurance – Complete the following for all certificates of insurance requested:

Name of Requestor	Address	COI Only	Additional Insured	Primary and Non-contributory*	Waiver of Subrogation*	30-Day Notice of Cancellation	Relationship to Applicant**
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*For requests including primary and non-contributory language and/or a waiver a subrogation, please attach a copy of the contract stating these requirements.

\*\* Use the following to indicate the relationship to the Applicant: (C) Client; (S) Supplier/Vendor; (L) Landlord; (VU) Venue; (SCH) School; (M) Municipality; (O) Other

FOR ALL APPLICANTS THAT OPERATE, PACKAGE, OR PRIVATE-LABEL THEIR OWN TOURS OR PLAN MEETINGS A TOUR OPERATOR AND MEETING PLANNER SUPPLEMENTAL QUESTIONNAIRE WILL BE REQUIRED.

**REPRESENTATIONS:**

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer’s decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters.

The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Program Administrator immediately in writing. The Program Administrator reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer’s underwriting guides. The Program Administrator is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Program Administrator not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR**

**FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**THE COMPLETION OF THIS APPLICATION OR THE ATTACHED SUPPLEMENTS, OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY. APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**Must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, all firms and individuals requesting insurance through this application.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly and with intent to deceive, presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and with intent to deceive, presents false information, that is material to the risk, in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE FIRM APPLYING FOR COVERAGE**

Signature of Owner, Partner or Senior Officer _____	Title _____	Date ____/____/____
If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.		
Producer Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____

For more information, contact:

1.800.803.1213

fax 516.294.1821

travpro@aon.com

AonTravPro.com

Aon Travel Professionals Liability Insurance | 900 Stewart Avenue, Garden City, NY 11530

## Tour Operator And Meeting Planner Supplemental Questionnaire

*This is a supplemental questionnaire only. This form is required in addition to the standard application form. If you are a current policyholder, please list your policy number where indicated. Both forms require a signature of a company principal.*

Company/Applicant Name:	
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Policy # (if applicable):	Renewal Date:
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**A. Tour Categories**

Based on your current product offerings, list the percentage of total gross volume for each tour category that best represents your operations and the annual number of travelers for each tour category.

Type of Tour	% of Annual Sales Volume	Number of Travelers Per Year
Standard – Sightseeing-Cultural-Historical (non-student or youth)		
Urban Walking Tours		
Food and/or Beverage Tours		
Volunteer or Service (non-student or youth)		
Receptive Tour Operator/Destination Management		
Meeting Planning/Incentive Travel		
Student Tours/Youth Tours		
General Adventure Tours		
Safari Tours		
Eco or Nature Tours		
Bicycle Tours		
Walking / Hiking Tours		
Mountain Trekking Tours		
Ski/Snowboard Tours		
SCUBA Tours		
Sports/Athletics/Fitness Tours		
Motorcycle Tours		
Other (Please attach separate sheet, if necessary.)		

**B. Activities Included:**

For any activity you arrange or book, or for any tour you conduct or event that is held list the percentage of total tour days that include each activity and the annual number of participants.

Activity	% of Tour Days	Number of Participants Per Year
Bungee Jumping		
Canyon or Caving		
Canoeing or Kayaking		
Canopy / Ziplining		
Flyboarding		
Hang Gliding/Paragliding/Parasailing		
Helicopter Rides		
Heli – Skiing/Boarding		
Horseback Riding		
Hot-air Ballooning		
Hunting / Shooting/Fishing		
Jet Skiing / Jet Boating		
Motorcycle/ATV/Dune Buggy Riding		
Mountain Climbing -Technical		
Mountain Trekking		
Power Tool/Heavy Machinery Use		
Rock/Ice Climbing		
SCUBA Diving		
Skiing/Snowboarding		
Sky Diving – BASE Jumping		
Snowmobiling		
Water Skiing		
White Water Rafting		
Other (Please attach separate sheet, if necessary.)		

**C. Complete this section C., only if you are a Meeting Planner, Destination Management Company or Receptive Tour Operator Services Included:**

What percentage of operations does each service represent?

Activity	% of Operations
Booking of Transportation arrangements (air, ground, cruises, transfers)	
Hotel Bookings	
Customized Tours/Excursions	
Destination Management Services	
Site Selection	
Consultation Service, Marketing Strategy, Theme Development	
Wedding, Bar/Bat Mitzvahs, Sweet 16's, etc.	
Catering, Floral Arrangements, Video & Still Photography	
Print & Promotional Material	
Booking of Entertainment	
Meeting Facilitation	
Tradeshaw Exhibition	
Special Events (i.e. Golf Outings, Grand Openings, Holiday Parties, Product Launches, etc.)	
Other (Please attach separate sheet, if necessary.)	

**D. Trips, Tours, or Meetings:**

Please complete the following table:

Length of tours/meetings	# of trips/meetings per year	# of participants per year	Avg. Cost/Participant
1 day			
2 - 5 days			
6 - 10 days			
Over 10 days			

**E. Destinations – Based on Gross Sales**

Where applicable, please enter the percentage of total gross sales volume that each region represents:

Region	% of Total Annual Sales (Must Equal 100%)
Africa	%
Arctic / Antarctic	%
Asia	%
Australia / New Zealand/S. Pacific	%
Canada	%
Caribbean	%
Central America/South America	%
Europe - Western	%
Europe - Eastern	%
Middle East	%
Mexico	%
United States of America	%
Other, please indicate:	%



**F. Air Transportation**

1. Please enter the percentage of air arrangements that are chartered (as opposed to regularly scheduled air travel):

Domestic charters (U.S. or Canada)	%
International charters	%
Percentage of International charters that are arranged by your company?	%
Percentage of International charters that are arranged by the in-country operators (Destination Management Company)?	%

2. For all chartered aircraft does your company secure Additional Insured Status on the aviation vendor's insurance policy?  Yes  No

**G. Land Transportation**

1. Please enter the percentage of land transportation services that are:

Owned Vehicles	%
Non-owned Vehicles	%
For the use of non-owned vehicles, what is the percentage:	
Arranged by your company directly	%
Arranged by your in-country operator (Destination Management Company)	%

2. Does your company rent vehicles to transport passengers?  Yes  No

If yes, please provide the frequency per (check one):  Day  Week  Month or  Year

3. Does your company utilize ride share companies (Uber, Lyft, etc.) to transport passengers?  Yes  No

If yes, please provide the frequency per (check one):  Day  Week  Month or  Year

4. Does your company permit your employees, tour guides or escorts to drive any participants during the course of the trip/tour?  Yes  No  N/A

If yes, at what frequency do you secure DMV reports on each driver?  Semi-Annually  Annually  Never  Other  
Do you have a minimum age for the drivers?  Yes Minimum Age:  No  N/A

5. For motor coaches, buses or vans chartered by your company, does your company secure Additional Insured Status on their insurance policy?  Yes  No  N/A

**H. Chartered Vessels (list N/A if you don't offer the service)**

1. Please provide the percentage of vessel charters arranged by:

Your company directly	%
Your in-country operator (Destination Management Company)	%

2. For vessels chartered by your company, does your company secure Additional Insured Status on their insurance policy?  Yes  No  N/A

**I. Equipment**

1. Do you provide tour participants with any equipment?  Yes  No  
If yes, what type of equipment do you supply?  
If yes, is this equipment owned by your company  or a supplier ? (check one)
2. If the equipment is owned by the supplier, who signs the rental agreement? your company  or the participant ?
3. Is your Company responsible for the maintenance / repair of this equipment?  Yes  No

Complete Sections J., K., and L. only if 25% or more of your sales are derived from Student/Youth Tour Operations:

**J. Student/Youth Tour Operators**

1. What percentage of your company's total gross annual sales volume is derived from tours for K-College students? %

2. Please list the percentage of student tours in each category:

K-12 %  
College %

3. What percentage of your student tours fall within each of the following categories (total must equal 100%)

Educational Tours	%
Festivals / Performance	%
Summer / Teen Travel	%
Foreign Study Abroad	%
Foreign Leisure Travel	%
Other (please provide details):	%

4. Do any of your tours include the following?

- a. Homestays  Yes  No

If yes, list % of Tours with Homestays: % and list total # of Participants in Homestays:

- b. Working Holidays/Job Placement/Internships  Yes  No If yes, list % of Tours:

- c. Spring Break/Graduation Trips  Yes  No If yes, list % of Tours:

**K. Chaperones - Students**

1. Please provide the annual number of student participants in the following categories

K – 12th Grade                      College-aged

Number of Students:

2. What percentage of chaperones are hired or provided by your Company? %

3. What percentage of chaperones are retained by the School or Sponsoring Organization? %

4. Please provide the average chaperone to student ratio for your: Day Trips:                      Overnight Trips:

**L. Tour Escorts / Security Guards /Step-on-Guides / Life Guards**

1. Please check which of the following are sub-contracted for any of your tours.

Security Guards	<input type="checkbox"/>
Life Guards	<input type="checkbox"/>
Step-on-Guides	<input type="checkbox"/>
Tour Escorts / Tour Directors / Tour Managers	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2. Please describe your process for selecting these subcontracted individuals.

**M. Abusive Acts Coverage**

The basic policy form excludes claims arising from abusive acts, such as sexual abuse or molestation. This coverage is available to qualifying Student Tour Operators. The provision of a quotation and availability of coverage is subject to underwriting review and approval. If purchased, the Sexual Abuse or Molestation Coverage limit will be in addition to the basic policy limits/aggregate.

Does the applicant desire a quote for Optional Abusive Acts Coverage for Student Tour Operators  Yes  No  
 If Yes, an Abuse and Molestation Supplemental Questionnaire must be completed.

**N. Risk Management Procedures – General**

Check Yes, No or N/A to indicate which of the following loss control/risk management procedures are currently used by the applicant.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A formalized vendor Selection Process
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Vendor Agreements that Contain Indemnification Provisions in Favor of the Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Certificates of Insurance Obtained from All Vendors On An Annual Basis
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Certificates of Insurance Obtained Containing Additional Insured Status From All Transportation Vendors
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Certificates of Insurance Obtained Containing Additional Insured Status From All Vendors Other Than Transportation Vendors
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A Formalized Crisis Management Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Emergency Hotlines Established

**Adventure Tour Operators Only (Please Complete):**

Check Yes or No to indicate which of the following loss control/risk management procedures are currently used by the applicant

<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Forms with Proxy
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assumption of Risk/Liability Waiver Form
<input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum Age Requirements for Participants Established

**Student Tour Operators Only (Please Complete):**

Check Yes or No, and if any of the requirements, services, activities or procedures below are fulfilled by the school, sponsoring group or entity, please designate what party performs this requirement, service, activity

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Parental Release Form Maintained For At Least five (5) Years. If school maintains, have you confirmed that form will be retained for a period of not less than 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Medical Forms with Proxy For Overnight Stays
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Code of Conduct Utilized With Ejection Disclosures
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Harassment Policy Utilized
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Formalized Alcohol/Drug Use Policy
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Criminal Background Checks on All Employees
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Criminal Background Checks on Guides, Escorts, Chaperones Hired by Company

Please feel free to elaborate or explain any responses to the above risk management criteria:

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**MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE FIRM APPLYING FOR COVERAGE**

Signature of Owner, Partner or Senior Officer _____	Title _____	Date ____/____/____
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For more information, contact:  
1.800.803.1213 (tel) | 1.516.294.1821 (fax) | travpro@aon.com | AonTravPro.com  
Aon Travel Professionals Liability Insurance | 900 Stewart Avenue, Garden City, NY 11530

## INSTRUCTIONS

1. Please provide:

Applicant: \_\_\_\_\_

City, State: \_\_\_\_\_

2. Indicate the optional coverages you would like included in your rate quote.

**NO COVERAGE OPTIONS REQUESTED**

**Advertising Injury – \$100**

Amends Personal Injury coverage to include certain types of copyright and trademark infringement claims, such as using a photo in a brochure without the proper permission. The cost to add this coverage is \$100.

**Additional Insureds – \$50 each after 1st 5**

The policy includes at no charge five additional insureds, such as landlords, corporate/affinity group clients, and venues. After five, they are \$50 each. If needed, please list on the application or the accompanying supplemental form.

**Extended General Liability – \$200**

Two coverage extensions are provided within this endorsement:

1. Medical Payments – Premises and Operations: \$10,000 limit per person.
2. Contractual Liability: Amends the definition of Incidental Contract to include written hold harmless or indemnification agreements.

Included on all policies where the insured is a member/affiliate of a travel/tour industry association or a franchisee of an industry franchise. Non-affiliated insureds can add this endorsement for \$200.

**Misquotation or Misstatement of Price (Travel Agents only) – \$150 - \$250**

Covers disputes over fees or charges due to misquotes or misstatement of prices. Pays up to \$5,000 per occurrence, up to \$15,000 per year. Pricing typically ranges from \$150 to \$250 dependent on policy deductible.

**Sale of Travel Insurance – 10% for Policy Limit**

Protects against certain errors in connection with the sale or recommendation of a travel insurance product. Included on all policies at a \$50,000 sublimit at no charge. This coverage can be increased up to the policy limit for an additional 10% of the annual premium.

**Travel Supplier Bankruptcy Legal Liability – 3% for Policy Limit**

Protects against claims arising from the bankruptcy of any travel supplier (airline, cruise line, tour operator) whose services were purchased on behalf of a client. Although it is not an automatic reimbursement fund, it does offer full defense costs and payment if liability exists. Included up to \$1,000,000 on all policies where the insured is a member/affiliate of a travel/tour industry association or franchisee of an industry franchise. Non-affiliated insureds may add this coverage for an additional 3%.

### The coverage just keeps getting better. Four unique enhancements that differentiate us from the competition.

With our move to a new carrier, Arch Insurance, we are excited to announce two new coverages at *no additional charge*:

**NEW Theft of Customer Funds**

Provides coverage up to \$25,000 per occurrence/\$25,000 aggregate, for the theft of customer funds by your employee(s), excluding independent contractors.

**NEW Replacement Guide & Escort Expense Reimbursement**

If a tour participant becomes sick or injured and hospitalized this coverage will pay up to \$5,000 per occurrence/\$5,000 aggregate to (1) hire a substitute tour guide, (2) pay the insured's travel expenses to aid the tour, or (3) pay travel expenses for someone to relieve the tour guide of hospital watch duties. (Available to Tour Operators & Meeting Planners only)

The policy includes these existing enhancements at *no additional charge*:

**No Charge! Crisis Response & Emergency Assistance**

Reimburses up to \$25,000 due to the interruption of a scheduled tour as a result of a fire, natural disaster, injury or fatality which results in emergency travel or other covered expenses.

**No Charge! Disablement Contingency**

Pays up to \$10,000 to secure alternative transportation due to a disabled vehicle.

### Aon Affinity Travel Practice

900 Stewart Avenue, Garden City, NY 11530  
1.800.803.1213 | aontravpro.com



Aon Travel Professionals  
Liability Insurance