



**RETAIL TRAVEL AGENCY INSURANCE PACKAGE
QUOTATION REQUEST FORM / INSURANCE APPLICATION**
(All provinces except Quebec and Alberta)

PLEASE COMPLETE ALL FIELDS

APPLICANT

CORPORATE NAME(S): (including holding companies and all trade names:			
STRUCTURE:	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL
YEAR ESTABLISHED:			
MAILING ADDRESS:			
LOCATION ADDRESS: (if different from mailing address)			
ADDITIONAL LOCATIONS: (use separate sheet if required)			
CONTACT NAME:			
PHONE:		FAX:	
E-MAIL:		WEB ADDRESS:	

OPERATIONS (all locations combined)

ANNUAL GROSS INCOME LAST FISCAL YEAR: (commissions & fees earned)			
AREA OF OPERATIONS:	% CANADA	% OTHER, SPECIFY _____	
WHOLESALE PRODUCTS SOLD TO OTHERS:	%	(provide details)	
LIST ANY TRAVEL SPECIALTIES:	(provide copies of any applicable brochures)		
DO YOU ARRANGE:	a) Any of your own tours?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, %
	b) Tours involving hazardous activity? (ie. safaris, rafting, etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, %
	c) Any student tours? (if yes, describe and provide brochure materials)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, %
NUMBER OF EMPLOYEES:	TRAVEL AGENTS	CONSULTANTS	ADMINISTRATION
PRINCIPALS:	NAME	TITLE	YEARS EXPERIENCE
PAYROLL STAFF ROSTER: (attach separate page if additional space is required)	NAME	POSITION	YEARS EXPERIENCE
INDEPENDENT CONSULTANTS: (attach separate page if additional space required)	NAME	YEARS EXPERIENCE	EXCLUSIVE TO YOUR AGENCY:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
LIST MEMBERSHIPS IN ANY INDUSTRY ASSOCIATIONS:			

LOCATION INFORMATION (please complete for each location)

LOCATION ADDRESS:	<input type="checkbox"/> Own <input type="checkbox"/> Lease
DESCRIPTION:	<input type="checkbox"/> FIRE RESISTIVE (CONCRETE) <input type="checkbox"/> MASONRY (BLOCK) <input type="checkbox"/> WOOD FRAME
AGE OF THE BUILDING:	Years If more than 35 years, please confirm year updates were performed on: Wiring Plumbing Heating Roof
SPRINKLERED:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ALARM:	<input type="checkbox"/> Local <input type="checkbox"/> Monitored
LOCATION TYPE:	<input type="checkbox"/> Strip Mall <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Stand Alone
SQUARE FOOTAGE: (your space only)	
OCCUPANCY OF OTHER TENANTS: (type of business)	

LIMITS INSURED

BUILDING (if owned):	OFFICE CONTENTS:
TENANT IMPROVEMENTS:	COMPUTER HARDWARE/SOFTWARE:
LAPTOP COMPUTERS:	RENTAL INCOME (if applicable):

CURRENT INSURANCE AND CLAIMS HISTORY

DESCRIBE ANY CLAIMS IN THE PAST 5 YEARS: (attach separate sheet if required)	DATE OF LOSS	DESCRIPTION	AMOUNT PAID
HAS YOUR COMPANY EVER BEEN REFUSED OR HAD CANCELLED:	ERRORS & OMISSIONS LIABILITY INSURANCE: <input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)		
DECLARATION:	COMMERCIAL GENERAL LIABILITY INSURANCE: <input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)		
	DO YOU, OR DOES YOUR COMPANY, OR ANY OWNER, PARTNER, OFFICER, CONSULTANT OR EMPLOYEE HAVE ANY KNOWLEDGE OF INFORMATION OF ANY OCCURRENCE, SITUATION, ACT, ERROR OR OMISSION WHICH MIGHT GIVE RISE TO A CLAIM OR HAS ALREADY RESULTED IN A CLAIM SUCH AS WOULD BE COVERED BY THE PROPOSED INSURANCE:		
	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details.		
	The undersigned declares that the statements set forth herein are true and complete.		
DATE:			
NAME:			
TITLE:			
SIGNATURE:			
	MUST BE SIGNED BY A PRINCIPAL, PARTNER OR EXECUTIVE OFFICER		