



# United States Liability Insurance Group

## Travel Agents Supplement

1. Please provide a percentage breakdown of current 12 month Gross Receipts per the following. If the Applicant is newly established, please advise best estimates.

Retail Operations	_____	%
Wholesale Operations	_____	%
Other _____	_____	%
TOTAL	_____	%

2. Does the Applicant derive revenue from any of the following? Please provide percentage and details below.

	Yes	No	%Receipts
Commercial travel sales?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foreign tours?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operation or sale of spring break packages or student, young adult, spring break, outdoor adventure or sports tours?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cruise line operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foreign-based operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internet-based operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Conferences in which the Applicant holds appointments :

- ARC
- IATAN
- AMTRAK
- CLIA
- TPPC
- Others: \_\_\_\_\_

4. Has the Applicant ever defaulted OR have any of the owners, partners or officers of the Applicant ever been associated with an agency which has defaulted to a carrier, conference or supplier? If yes, explain below.  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS TRAVEL AGENTS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative