

7. Do you have contracts or written agreements with your suppliers? Yes No.
8. Describe the criteria utilized by you to choose suppliers and state how long you have utilized each of their services.

9. Do your suppliers have insurance covering their negligence, acts, error or omissions with respect to their operations?
 Yes No.
 If Yes, are you:
 a. provided with evidence of coverage? Yes No
 b. included as an additional insured? Yes No
10. Please submit the following with this Application:
 a. Contracts utilized with tour suppliers (i.e., airlines, hotels, cruise lines, bus lines, railroads, etc).
 b. Evidence of insurance provided by your suppliers.
 c. Tour agreement
 d. Brochures describing the tours and the terms and conditions of the tour.
11. What are your projected commissions for the next policy year? \$ _____
12. Staffing:
 a. Number of Full time Salaried Employees _____
 b. Number of Part Time Salaried Employees _____
 c. Number of Full Time Commission Salespersons _____
 d. Number of Part Time Commission Salespersons _____
 e. Number of Owners, Partners or Officer Active _____
 f. Number of Owners, Partners or Officers Inactive _____
13. In what trade associations or professional societies do you hold membership?

14. Is the Applicant a subscriber to any computerized booking or reservation systems? Yes No.
 If Yes, state which ones. _____

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to travel agency and/or tour operator operations.

 Date Authorized Representative Title