



**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.