

TRAVEL AGENCY / TOUR OPERATORS SUPPLEMENT

1. Name of Applicant:

2. On what date did the present management assume control, management, or ownership of this agency? / / .
MM DD YY

3. Does the Applicant operate wholly or partially as an in house company travel department? Yes No

If "yes", what percentage of the annual gross revenues comes from acting as an in house company travel department? %

4. Type of Operation:

<u>Type</u>	<u>Percentage of the Applicant's gross revenues for the past 12 months</u>
Retail	<u> </u> %
Wholesale*	<u> </u> %
Tour Company	<u> </u> %
Other: <u> </u>	<u> </u> %

**Include as wholesale any business on which a commission is paid by the Applicant to another travel agency-- Also include any business which a commission is paid to you by a wholesale type travel agency.*

5. Does the Applicant put together, operate, promote or sell its own tours to other travel agents, groups, consumers or anyone else? Yes No

a. Do the Applicant handle, sell or promote any tours or vacation packages of any kind put together by travel wholesalers, tour promoters, tour companies, or anyone else?..... Yes No

b. Does the Applicant put together or sell student, senior citizen, or adventure tours (river rafting, skiing, safaris, etc.)? Yes No

6. Has the Applicant or its members ever defaulted in any way on any kind of obligation to a carrier, conference, supplier, client or consumer? Yes No

7. Currently, or within the past five years, has the Applicant offered any kind of travel insurance or any other types of insurance?..... Yes No

If "yes", which lines of insurance do you offer, and what is your total annual commission income for each line of insurance

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

_____ Sig
nature of Owner, Partner or Principal Title Date