One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

COVER-PROSM APPLICATION TRAVEL AGENT SUPPLEMENT

- 1. Full name of the Applicant Firm:
- 2. Please provide a breakdown of the most recent twelve (12) months gross annual revenue:

Description	Percentage of Operations
Individual Bookings	%
Groups	%
Corporate	%
Foreign	%
Domestic Travel	%
Cruises	%

	3.	Does the Applicant acts as a	Travel Agent	Tour Operator	Tour Operator / Gu	ide'
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4. Is the Applicant involved in marketing and / or selling any of the following types of tours?

Commercial travel: Yes No Foreign tours: Yes No Student / Adventure: Yes No Cruise lines operations: Yes No

5. Conference in which the Applicant holds appointments. Check all that apply:

	ARC	TPPC	IATAN	ASTA	AMTRAK	IATA		CLIA
6.	Do any of the A	Applicant's age	nts hold the desi	gnation of C ertifi	ed Travel Counselor?		Yes	No
7.			•		artners or Officers of to		t ever b Yes	een No
8.	Does the Appli	cant arrange a	dventure trips tha	at involve high-ris	sk activities?		Yes	No
9.	Does the Appli	cant run a spe	cialty travel agen	cy? (i.e.: cruises	, honeymoons, adven	ture trips)	Yes	No
10). Does the Appl	icant sell sport	s or event tickets	in conjunction w	vith travel?		Yes	No
11	I. Do any of the	Applicant's em	ployees accomp	any clients on trip	os?		Yes	No

- 12. How often does the Applicant consult the U.S. State Department's advisories regarding which foreign countries are deemed safe for travel?
- 13. Does your agency offer travel insurance? Yes No If yes, through which companies?

ADDITIONAL INFORMATION

This section may be used to provide additional info identify the question number to which you are refer	ormation to any question on this application. Please rring
I understand that the information submitted herein	becomes a part of my Philadelphia Insurance
Companies Cover-Pro sm application and is subject	to the same conditions as stated on the application.
Name (Please Print)	Title (Must be Principal, Partner or Officer)
Signature	Date
Agency Name:	Agency Number: