

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 / Guide?

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 Applicant's agents hold the designation of **Certified Travel Counselor**? Yes No

7. Has the Applicant ever defaulted or have any of the Owners, Partners or Officers of the Applicant ever been associated with any agency which has defaulted to a carrier, conference, or supplier? Yes No

8. Does the Applicant arrange adventure trips that involve high-risk activities? Yes No

9. Does the Applicant run a specialty travel agency? (i.e.: cruises, honeymoons, adventure trips) Yes No

10. Does the Applicant sell sports or event tickets in conjunction with travel? Yes No

11. Do any of the Applicant's employees accompany clients on trips? 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 information to any question on this application. Please identify the question number to which you are referring.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-ProSM 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: