



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

TRAVEL AGENT/TOUR OPERATOR SUPPLEMENT

1. Name of Applicant: _____

2. Does the Applicant operate wholly or partially as an in-house company travel department? [] Yes [] No
 If Yes, what percentage of gross annual revenues is attributable to acting as an in-house company travel department? ____%

3. Does the Applicant arrange, operate, promote or sell its own tours to other travel agents, groups, consumers or anyone else? [] Yes [] No

4. Does 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

5. Does the Applicant arrange or sell student, senior citizen, or adventure tours (river rafting, skiing, safaris, etc.)? [] Yes [] No
 If Yes, indicate who provides supervision and whether hold harmless agreements are obtained:

6. Does the Applicant offer foreign tours? [] Yes [] No
 If Yes, list all countries where tours take place:

7. List any professional organizations of which the Applicant is a member:

8. Indicate in which conferences the Applicant holds appointments:
 ATC IATA IPSA IPPC ASTA AMTRAK
 Other (specify): _____

9. Estimated fees and receipts for the new policy year: \$_____
10. Estimated commissions for the new policy year: \$_____
11. 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
12. Does the Applicant currently, or has the Applicant at any time in the past five years offered any kind of travel insurance or any other types of insurance? Yes No
13. Please attach:
- a) A sample contract used with tour operators (airlines, hotels, cruise lines, bus lines, etc.)
 - b) A sample tour agreement

It is understood and agreed that this supplemental application shall become part of the Application for the policy

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: _____

Name and Title (Please Print): _____