

SPECIALTY E & O PLAN

SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION TRAVEL AGENCY/TOUR OPERATOR SUPPLEMENT

1. Name of **Your** firm: _____

2. Do **You** arrange tours? ____ Yes ____ No. If yes, please provide details (including percentage of involvement in relation to **Your** total operation).

3. Are tours arranged for special groups (i.e., students or senior citizens)? ____ Yes ____ No. If yes, please provide details.

4. Please submit the following:
 - (a) Sample contract used with tour operators (i.e.: airlines, hotels, cruise lines, bus lines, etc.)
 - (b) Sample tour agreements and brochures/advertisements.

THIS TRAVEL AGENCY/TOUR OPERATOR SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.