



8600 LaSalle Rd #331  
 The Chester Building  
 Towson, MD 21286  
 FAX 866-518-4186  
 Toll Free 866-577-0355

**PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION**  
 TRAVEL AGENT SUPPLEMENT

1. Full name of the Applicant Firm: \_\_\_\_\_

2. Please provide a breakdown of the most recent twelve (12) months gross receipts:

<b>SOURCE</b>	<b>DESCRIPTION</b>	<b>PERCENTAGE OF OPERATIONS</b>
Retail:		%
Wholesale:		%
Other:		%

**To enter more information, please use the separate page attached to the application**

3. Are you involved in marketing and / or selling any of the following types of tours?

- Commercial travel:     Yes  No                      Foreign tours:                       Yes  No
- Cruise lines operations:  Yes  No                      Student / Adventure:     Yes  No
- Internet:                       Yes  No If yes, provide details:

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

- ARC:                       AMTRAK:                       TPPC:                       ITATA:   
 IATAN:                       CLIA:                       ASTA:

5. Have you 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

6. Does your agency offer travel insurance?  Yes  No If yes, through which companies?

**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 Professional Liability for Specified Professions 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: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

---

Signature

---

Date