

Travel Agents Supplemental Application

1. Name of Applicant (company name if applicable): _____
2. Please provide your estimated revenues for the upcoming year: _____
3. Type of operation: _____% Retail _____% Wholesale (any business on which a commission is paid to another firm or agency)
4. Does your travel agency operate or sell any tours? Yes No
 - a) If yes, what percentage of your receipts are derived from such tours? _____%
 - b) If yes, furnish full details and brochures, and give percentage of gross receipts derived from:
Group Tours: _____%
Conventions/Seminars: _____%
Student/Incentive Tours: _____%
5. Do you book foreign tours? Yes No
If yes, indicate percentage of your receipts from these tours: _____%
6. If the applicant is an independent contractor, list the name(s) of the applicant's host agencies: _____

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance of this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and ProAssurance Mid-Continent Underwriters, Inc., any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering the application.

Important: This application must be signed by the applicant. Signing this form does NOT bind the Company to complete the insurance.

Producer: _____ Insured: _____

Address: _____ By: _____

Title: _____

Date: _____