

# 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.**