Yes

No



## COVER-PRO<sup>SM</sup> APPLICATION

## TRAVEL AGENT SUPPLEMENT

- 1. Full name of the Applicant Firm:
- 2. Please provide a breakdown of the most recent twelve (12) months gross annual revenue:

Description	Percentage of Operations
Individual Bookings	%
Groups	%
Corporate	%
Foreign	%
Domestic Travel	%
Cruises	%

	3.	Does the Applicant acts as a	Travel Agent	Tour Operator	Tour Operator / Gu	ide'
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4. Is the Applicant involved in marketing and / or selling any of the following types of tours?

Commercial travel: Yes No Foreign tours: Yes No Student / Adventure: Yes No Cruise lines operations: Yes No

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

10. Does the Applicant sell sports or event tickets in conjunction with travel?

	ARC	TPPC	IATAN	ASTA	AMTRAK	IATA		CLIA
6.	Do any of the Ap	plicant's agents	hold the designa	tion of Certified T	ravel <b>C</b> ounselor?		Yes	No
7.					ers or Officers of the erence, or supplier?	• •	ever b Yes	een No
8.	Does the Applica	ant arrange adve	enture trips that in	volve high-risk a	ctivities?		Yes	No
9.	Does the Applica	ant run a special	ty travel agency?	(i.e.: cruises, hor	neymoons, adventure	trips)	Yes	No

11. Do any of the Applicant's employees accompany clients on trips?

Yes No

12. How often does the Applicant consult the U.S. State Department's advisories regarding which foreign countries are deemed safe for travel?

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

## **ADDITIONAL INFORMATION**

This section may be used to provide additional inforidentify the question number to which you are referr	mation to any question on this application. Please ing
I understand that the information submitted herein b	secomes a part of my Philadelphia Insurance
Companies Cover-Pro <sup>sm</sup> application and is subject to	o the same conditions as stated on the application
Name (Please Print)	Title (Must be Principal, Partner or Officer)
Signature	Date
Agency Name:	Agency Number: