



# United States Liability Insurance Group

## Travel Agents Supplement

### SUPPLEMENTAL APPLICATION

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please provide a percentage breakdown of the Applicant's Gross Receipts for the current 12-month period. If the Applicant is newly established, please advise best estimates.

- a. Retail Operations \_\_\_\_\_%
- b. Wholesale Operations \_\_\_\_\_%
- c. Other \_\_\_\_\_%
- d. TOTAL (must equal 100%) \_\_\_\_\_%

2. Does the Applicant derive revenue from any of the following? Please provide percentage and details below.

	Yes	No	% Receipts
	<input type="checkbox"/>	<input type="checkbox"/>	_____%

a. Selling Foreign tours/packages?

If yes, please list your top 5 countries by volume (plus percentage from each):

- |          | % of volume |
|----------|-------------|
| 1. _____ | _____%      |
| 2. _____ | _____%      |
| 3. _____ | _____%      |
| 4. _____ | _____%      |
| 5. _____ | _____%      |

b. Conducting, organizing or arranging any tours/packages  Yes  No \_\_\_\_\_%

c. Selling, conducting, organizing, or arranging Adventure, Student, Young Adult, Spring Break or Active Sport tours/packages  Yes  No \_\_\_\_\_%

3. What percentage of gross receipts are derived from selling travel to groups of over 25 people? \_\_\_\_\_%

THIS TRAVEL AGENTS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative