



Robert W. Schmidt & Company
3505 N. 124th Street
Brookfield, WI 53005-2489

Travel Agency Supplemental Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Errors & Omissions Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

1. DOES THE APPLICANT ARRANGE TOURS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide details (<i>including percentage involvements as it respects to your total operation revenue</i>):	

2. ARE TOURS ARRANGED FOR SPECIAL GROUPS (I.E. STUDENTS OR SENIOR CITIZENS)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide details:	

3. DO YOU PROVIDE ONLINE TRAVEL SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please describe:	

CERTIFICATION AND SIGNATURE	
It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions insurance.	
Must be signed by a Principal, Partner, Officer or Director	
Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant