



# United States Liability Insurance Group

## Travel Agents Supplement



P.O. Box 768 Hendersonville, TN 37077  
800-768-7475 Fax (615) 264-3980  
www.bsins.com

### SUPPLEMENTAL APPLICATION

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

1. Please provide a percentage breakdown of current 12 month Gross Receipts per the following. 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 |
|---|--------------------------|--------------------------|------------|
| a. Selling Foreign tours/packages?  | <input type="checkbox"/> | <input type="checkbox"/> | _____%     |
| 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?  | <input type="checkbox"/> | <input type="checkbox"/> | _____%     |
| c. Selling, conducting, organizing, or arranging Adventure, Student, Young Adult, Spring Break or Active Sport tours/packages | <input type="checkbox"/> | <input type="checkbox"/> | _____%     |

3. What percentage of gross receipts are derived from selling ravel 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



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## Specified Professions Professional Liability



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### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.  
**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.**

#### SECTION I: BACKGROUND INFORMATION

1. Name of Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: \_\_\_\_\_ Website: \_\_\_\_\_
3. Date Established: \_\_\_\_\_
4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No
5. Does the Applicant have any Subsidiaries?  Yes  No If Yes, please list on a separate sheet and advise if coverage is to apply to them.
6. Applicant is:  Corporation  Partnership  Individual

#### SECTION II: ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. (a) List total gross receipts derived from activities in question #7:  

	<b>Gross Receipts</b>
Last Year:	\$ _____
Current Year(based on 12 months):	\$ _____
Forecast for Next Year:	\$ _____
- (b) Please indicate the percent of receipts listed in 8a from Foreign Operations (i.e. outside of the U.S. and its territories): \_\_\_\_\_
- (c) Did the Applicant have a positive net income in the past 12 months?  Yes  No  
 If No, please advise net income and steps being taken to correct the negative net income.
- (d) What is the Applicant's overall net equity? \_\_\_\_\_  Positive  Negative  
 If Negative, please advise net equity and steps being taken to correct the negative net equity.
9. (a) Describe the 5 largest jobs or projects during the past 3 years
 

Name of Client	Services Provided	Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
- (b) Does the Applicant anticipate deriving more than 50% of total gross billings for the coming year from a single client?  
 Yes  No If Yes, advise details on a separate sheet.
10. Is the Applicant a licensed Professional(i.e. Lawyer, Accountant...)?  Yes  No  
 If Yes, advise type of licensed Professional: \_\_\_\_\_
11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_  
 (b) Number of non-professional employees (clerks, secretaries, etc.): \_\_\_\_\_  
 (c) Number of independent/sub contractors: \_\_\_\_\_

12. Please answer the following question(s) regarding the use of independent contractors.
- (a) The total percent of Applicant's work done by independent contractors and subcontractors. \_\_\_\_\_
- (b) Does the Applicant desire to provide coverage solely for themselves with respect to liability arising out of work performed by independent contractors?  Yes  No; or
- (c) Does the Applicant desire to provide coverage for independent contractors (including them as named insured(s) on your policy), while working on your behalf?  Yes  No If Yes to 12c, please answer the following questions:
- (1) How will the Applicant utilize each independent/subcontractor? \_\_\_\_\_
- (2) Does the Applicant require Certificates of Professional Liability Insurance from all independent contractors?  Yes  No

13. Please provide the following:

Name of Partners, Principals, Key Employees and Independent/ Subcontractors	Professional Qualifications/ Designations	# of Years in Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant?  Yes  No If Yes, attach an explanation.

15. What do you see as your potential exposure to a professional liability claim? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Does the Applicant use a written contract or letter of engagement with clients?  In all cases  Sometimes  No

**SECTION III: CLAIMS INFORMATION**

*Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI companies.*

17. Have you initiated litigation against any of your clients in the past 5 years?  Yes  No  
 (If yes, advise how many times you have initiated litigation in the past 5 years along with details on each.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors?  Yes  No  
 (If Yes, please provide details on a separate supplemental claim application.)

19. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors?  Yes  No  
 (If Yes, please provide details on a separate supplemental claim application.)

**SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE**

20. Has any Policy of or Application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused?  Yes  No If Yes, advise details: \_\_\_\_\_

21. Is similar professional liability insurance currently in force?  Yes  No

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Period
_____	_____	_____	_____	_____	_____

Length of time coverage has continuously been in force: \_\_\_\_\_

**SECTION V: BUSINESSOWNERS PACKAGE INSURANCE**

22. Does the Applicant currently have General Liability Insurance?  Yes  No If Yes, please advise the following:

Name of Carrier	Limit	Premium	Expiration Date
_____	_____	_____	_____

23. Describe any General Liability Losses in the past 5 years: \_\_\_\_\_

24. (a) Does the Applicant use Independent Contractors?  Yes  No If Yes, please answer 25 (b) and (c)  
 (b) Is General Liability coverage to include Independent Contractors?  Yes  No  
 (c) Number of Independent Contractors used: \_\_\_\_\_

25. Is the Applicant involved in the installation of hardware, electrical work, wiring and/or cable installation of the items for which they are providing consultation services (including work done by Independent Contractors on behalf of Applicant)?  Yes  No

26. Additional Insureds to be included (List name, address and relationship to Applicant): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27. (a) Personal Property Limit (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_  
 (b) EDP Equipment Limit \$ \_\_\_\_\_  
 (c) Burglar Alarm  Yes  No Central Station  Yes  No  
 Sprinklers  Yes  No Central Station  Yes  No  
 Fire Alarm  Yes  No Central Station  Yes  No
28. Property Protection Class (1-10): \_\_\_\_\_
29. If located in first tier coastal county, distance from water (ocean, bay or inlet): \_\_\_\_\_
30. Property Claims Paid or Pending during last 5 years (by year): \_\_\_\_\_
31. Building Construction (please check one):  
 Frame - Bldg. is made from a wood frame (2x4's/veneers).  
 Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.  
 Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.  
 Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.
32. Does the Applicant own their own building, other than their home?  Yes  No  
*Applicants working out of their home are eligible for the Businessowners Package.*

**SECTION VI: REQUIRED INFORMATION**

- A. USLI Application.  
 B. Copy of resumes on technical and key personnel. (for select classes)  
 C. Supplemental Application (for select classes)

**ARIZONA, PENNSYLVANIA AND OREGON FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO A CIVIL PENALTY (AND A CRIMINAL PENALTY IF IN PENNSYLVANIA).

**UTAH, CONNECTICUT, OHIO FRAUD STATEMENT:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**VIRGINIA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**FRAUD STATEMENT (ALL OTHER STATES):** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.

**IOWA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A CLASS "D" FELONY AND SHALL BE SUBJECT TO A CIVIL FINE OF AT LEAST SEVEN HUNDRED FIFTY DOLLARS BUT NOT MORE THAN SEVEN THOUSAND FIVE HUNDRED DOLLARS.

**FLORIDA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE STATES OF FLORIDA AND NEW YORK REQUIRE THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 LICENSE NO. \_\_\_\_\_  
 MAIL COMPLETED \_\_\_\_\_  
 APPLICATION THROUGH \_\_\_\_\_  
 LOCAL AGENT OR \_\_\_\_\_  
 BROKER TO: \_\_\_\_\_

**NOTICE TO THE APPLICANT**

The undersigned declares that to the best of his/her knowledge and belief that statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations. The Company is hereby authorized, but not required to make an investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this Application does not bind the undersigned to purchase the Insurance, nor does the review of this Application bind the Company to issue a Policy. It is understood the Insurer is relying on this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become a part of this Policy.

Signature of Applicant or Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed by a Principal, Partner or Officer of the Firm

CONSA (10/03)