



Association of Canadian Travel Agencies
Association canadienne des agences de voyages

Travel Insurance Program Application



Policy	Policy Number: _____	New Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Travel Company	_____		
Applicant	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
ACTA Member	Yes <input type="checkbox"/> No <input type="checkbox"/>	Member Number: _____	Consortium: _____
Present Management	Date assumed control of the company? _____ Years Experience: _____		
Legal Address	Street: _____ City: _____ Province/ Territory: _____ Postal Code: _____		
Mailing Address	Same As Above: <input type="checkbox"/> Street: _____ City: _____ Province/ Territory: _____ Postal Code: _____		
Phone Number	Business: _____	Home: _____	Cell: _____
Fax Number	Business: _____	Home: _____	
Other	Email Address: _____	Website Address: _____	

For Branch Locations, Please Use Separate Applications. Thank you.

Business Operation (Please complete for all locations combined)

<p>Licensed Travel Agent?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Province/Territory: _____</p>
<p>Trade Associations?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Please List: _____</p>
<p>Type of Operation</p>	<p><input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail & Wholesale <input type="checkbox"/> Tour Operator</p>
<p>Sales</p>	<p>Total Gross Sales \$ _____ Total Anticipated Sales \$ _____</p>
<p>Percentage of Sales</p>	<p>Retail ____ % Wholesale ____ % Tours ____ % Internet Sales ____ % Other Sales ____ %</p>
<p>Tour Operator</p>	<p>Does your company design and/or package your own tours? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %</p>
	<p>Does your company sell its own tours to other travel agents? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %</p>
	<p>Is your company actively involved in the sale of student/youth tours? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %</p>
	<p>Is your company actively involved in the sale of adventure/sport tours? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %</p>
	<p>Is your company actively involved in the sale of tours to politically unstable regions? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ % If yes, what do you do to protect clients? _____</p>
	<p>Is your company actively involved in the sale of tours to remote regions where medical care is distant or unavailable? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ % If yes, is travel medical insurance with emergency evacuation mandatory? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %</p>

	<p>Is your company actively involved in meeting planning or event and destination management?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %</p>
Gross Sales	Percentage Sales from Air Tickets: _____ %
	Percentage Sales from Travel Insurance: _____ %
	Percentage Sales from customers residing outside Canada and not traveling in Canada: American: _____ % International: _____ %
	Are employees who sell travel medical insurance licensed to do so? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____
Licensed Agents	How many licensed insurance agents on staff? _____
Employees	# Full-Time: _____ # Part-Time: _____ # Licensed Agents: _____ # Foreign: _____ Explain: _____
Owners	Number of active owners: _____ Number inactive owners: _____
Contractors	Number independent contractors: _____ Contract? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Businesses	Do you or does your company have an interest in or operate any other business? If so, please explain. _____ _____
	Is insurance in place? Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificates & Additional Interests	Attach a list of all parties requiring certificates from you and what is the nature of the interest? _____

Building Information: Construction Class Descriptions

1.	<p>Fire-Resistive Walls, floors and flat roof of solid masonry, reinforced concrete or other non-combustible material with high fire resistive rating. No structural steel unless steel protected by standard thickness of fire resistive insulation.</p>
2.	<p>Non-Combustible Solid masonry walls with flat steel deck roof, concrete floors and/or other unprotected structural steel.</p>
3.	<p>Masonry Solid brick, stone, concrete block or hollow tile walls with wood joist peak roof, including "steel on steel" and "mill" type construction.</p>
4.	<p>Frame Includes stucco, rough cast, metal clad, and vinyl siding with wood joist peak roof.</p>

Location Description (Complete for each location)

Location: _____	Rent: <input type="checkbox"/> Own: <input type="checkbox"/>
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Construction code: (See Guide Above) : _____

Building: \$ _____	Contents: \$ _____	Tenants' Improvements: \$ _____	Equipment: \$ _____
Laptops: \$ _____	Software: \$ _____	Computer Hardware: \$ _____	Rental Income: \$ _____
Occupancy: <input type="checkbox"/> Single <input type="checkbox"/> Multiple		Tenants' Improvements: \$ _____	Equipment: \$ _____
Laptops: \$ _____	Software: \$ _____	Your Occupancy: _____	
Other Occupants: _____		Mortgagee/Additional Insured: _____	
Year Built: _____	Sq Ft: _____	Number of Stories: _____	

Location Description Continued (Complete for each location)

<p>Renovations</p>	<p><input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> Electrical <input type="checkbox"/> Roof</p> <p>Dates Completed: _____</p>
<p>Type of Heating</p>	<p><input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Electric</p>
<p>Type of Air Conditioning</p>	<p><input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Window Unit</p>
<p>Alarm Protection</p>	<p><input type="checkbox"/> Monitored <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <i>Please Provide Certificate for Monitored Alarm</i></p>
<p>Fire Protection</p>	<p><input type="checkbox"/> Hydrant within 500 ft. <input type="checkbox"/> Fire hall within 5 km</p> <p><input type="checkbox"/> Unprotected (more than 5 km from Fire Hall)</p>
<p>Location Type</p>	<p><input type="checkbox"/> Strip Mall <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Stand-alone</p>
<p>Physical Barriers to Entry</p>	<p>(Describe (bars, locks, etc))</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Current Insurance

Current Insurance Company: _____

Expiry Date: _____ Expiry policy Number: _____ Expiry Premium: _____

Has applicant ever purchased Errors & Omissions Insurance? Yes No

If Yes, please indicate if existing Errors and Omissions is on a "Claims Made" form: Yes No

If "Claims Made" what is the retroactive date of the policy? _____

Claims History State amount, date and cause of loss if applicable:

Applicant's Signature

Date

Additional information to assess your operations may be required. Signing this application form does not bind the applicant or the insurer to complete the insurance herein. The information provided on this application is the basis upon which the quotation will be calculated. Privacy Disclosure and Consent - I am applying for insurance coverage based on the information provided above. With respect to this application or any renewals or change to my coverage, I authorize you to collect, use, and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving information, and claims history.

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