

Benchmark

MANAGEMENT GROUP, INC.

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Phone: (630) 778-7000 Fax: (630) 778-7007

TRAVEL AGENT SUPPLEMENT

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. TOURS

a. Do you: arrange them; or buy them from another agent? (Check one)

b. Are there student tours? Yes No

If Yes:

(i) Who provides supervision? _____

(ii) Are hold harmless agreements signed? Yes No

c. Are the tours foreign; or domestic?

If foreign, please list the countries where tours take place: _____

2. ASSOCIATIONS

a. Please list any professional or organizations of which you are a member:

b. Circle conferences in which you hold appointments:

ATC IATA IPSA IPPC ASTA AMTRAK Other (Specify): _____

3. FEES & RECEIPTS

a. Estimated Fees & Receipts for new policy year: \$ _____

b. Estimated Commissions for new policy year: \$ _____

I understand information submitted herein becomes a part of my Application and is subject to the same representation and conditions.

Name of Applicant*

Title (Officer, partner, etc.)

Signature of Applicant

Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.