

Manulife Sponsored Travel Agency Business Insurance Program Application - New Business

Please click the **Submit** button or email the completed application to businessinsurance.travel@marsh.com

1. GENERAL INFORMATION

a) Policy Effective Date*:	b) Previous Insurer*: <input type="checkbox"/> Northbridge <input type="checkbox"/> Other <input type="checkbox"/> N/A Policy Retroactive Date: If you do not know your retro date, enter policy effective date. Keep a copy of your prior policy as it may affect claims paid by this policy.
c) Business Legal Name*:	
d) Operating Business As:	
e) Mailing Address*:	Street: City: Province: Postal Code:
f) Contact:	Salutation: First Name: Middle Name: Last Name: Email: Telephone 1: Telephone 2: Fax:
g) Are you currently selling Manulife Travel Insurance Products exclusively? (Please Note: Exclusive agencies qualify for preferred / discounted pricing.)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Do you act as a:	(i) <input type="checkbox"/> Franchisor (ii) <input type="checkbox"/> Franchisee
i) How many licensed agents are on staff:	(i) Employees: (ii) Independent Contractors:
j) Please indicate the estimated commission income for the next 12 months*:	\$
k) Please indicate the estimated gross sales for the next 12 months*:	\$
l) Please indicate the approximate percentage of last year's sales derived from (total must equal 100%)* :	(i) Retail Travel: _____ % – if any, complete Section 3 (ii) Tour Operations or Wholesale Travel _____ % – if any, complete Section 4

2. E&O LIMITS AND DEDUCTIBLES OPTIONS

Please select your limit of E&O*: \$1mil / \$1mil \$1mil / \$2mil \$2mil / \$2mil \$2mil / \$4mil \$5mil / \$5mil

Please select your Deductible of E&O*: \$1,000 \$2,500

3. RETAIL INFORMATION

a) Please indicate the approximate percentage of last year's sales derived from (total must equal 100%)* :	(i) Air, rail, bus or other transportation:	%
	(ii) Pre-packaged Tours:	%
	(iii) Meeting & Event Planning:	%
	(iv) Cruises:	%
	(v) Resort Packages:	%
	(vi) Insurance and related products:	%

Please describe:

4. TOUR OPERATORS / WHOLESALER INFORMATION

a) Please indicate the approximate percentage of last year's sales derived from (total must equal 100%)* :	(i) Pre-bundled packages prepared by other tour operators in Canada: %
	(ii) Self-prepared tours you attend or host: %
	(iii) Self-prepared tours you sell but do NOT attend or host: %

Please describe:

b) Please indicate the approximate percentage of these sales derived from (If you do not have any sales to the following categories please enter 0)* :	(i) Meeting / event planning: %
	(ii) Group tours: %
	(iii) Incentive tours: %
	(iv) Student tours: %
	(v) Adventure tours / Extreme sports: %
c) Does any parent, subsidiary or other affiliated company operate tours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) What % of the applicant's tours / meetings go to the following locations (total must equal 100%)* :	Domestic – Canada: %
	Domestic – USA: %
	International: %

(i) For Domestic tours / meetings, please list the top three destinations:

(ii) For International tours / meetings, please provide the % of gross sales to the following destinations **(total must equal 100%)***:

Africa	%	Arctic / Antarctic	%
Asia (other than southeast)	%	Australia / New Zealand	%
Caribbean	%	Europe – Western	%
Europe – Eastern	%	Middle East	%
Mexico	%	South America	%

(iii) Please specify % of gross sales to the following destinations **(if you do not have any sales to the following destinations please enter 0)***:

Afghanistan	%	Burma (Myanmar)	%
Columbia	%	Haiti	%
India	%	Indonesia	%
Iraq / Iran	%	Israel	%
Pakistan	%	South Sudan	%

e) Does the applicant ever enter into any charter agreements with any:	Air transportation vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cruise / vessel companies? <input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", please describe, including destination and tour description, if "No" enter N/A:

5. RISK MANAGEMENT

a) Please indicate the loss control or risk management procedures currently in place from the following list:	(i) Use of disclaimers / responsibility clauses on brochures and travel documents. <input type="checkbox"/> Yes <input type="checkbox"/> No
	(ii) Collecting Certificate of Insurance from all vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(iii) On-site representatives? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(iv) Emergency Hot-Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(v) Sale of Travel Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
	(vi) Operations Manual – Written procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(vii) Loss Control Manual – Written procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(viii) Use of preferred suppliers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(ix) Continuing education requirements and/or certification programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(x) Crisis Management Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

If "No" to any of the above, please explain:

b) Select which of the following due diligence procedures are included in your vendor selection process:

- Supplier was recommended by other known and trusted suppliers, industry colleagues and/or is recognized by an established travel or tour industry association.
- Supplier has been operating for a minimum of 5 years.
- Supplier has a proven track record for safety, either incident-free or with no serious or material claims.
- Supplier has a written Crisis Management Plan.
- Supplier is chosen for its expertise with a reputation for being among the most experienced of local receptive operators.
- Supplier is compliant with local insurance and licensing regulations.
- Supplier is accessible 24 / 7 for handling contingencies and emergencies.
- Tour Operator and Supplier have a written, signed contract.
- Supplier agrees to sign a 'hold harmless' provision with the Tour Operator.
- Tour Operator and Supplier perform periodic quality review programs.
- Tour Operator has written, minimum service standards with the Supplier.
- Tour Managers (employees of Tour Operator) accompany most excursions.
- Supplier has standard procedures in place for addressing Customer Service complaints.
- Supplier can produce favorable credit references and financial statements.

If these do not apply, please explain:

6. WARRANTY STATEMENT

- a) Has the applicant, applicant's employees or independent contractors, ever been investigated by, or suspended from practice by Yes No any governing body of his / her profession?*

If "Yes", please explain:

- b) Has the applicant, applicant's employees or independent contractors, had any Errors and Omissions claims in the past 5 Yes No years?*

If "Yes", please provide full details, including (1) date of such claim, (2) claimant's name, (3) description of allegations of wrong-doing made, (4) amount of indemnity payment and Defence Costs paid and (5) the final disposition or current status of such claim.

- c) Does the applicant, applicant's employees or independent contractors, have knowledge or information of any act, error, Yes No omission or circumstance which might reasonably be expected to give rise to a claim?*

If "Yes", please explain:

Without prejudice to any other rights and remedies of the Insurer, the applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in (c), any claim or action arising from such fact, circumstance or situation will be excluded from coverage under the proposed policy, if issued by the Insurer.* Yes

7. PROPERTY AND CGL

- a) **Do you require E&O insurance only?** If Yes, do not complete Section 7. Complete Signature Section and Click Submit Yes No

- b) Have you had any Property or General Liability claims in the past 5 years?* Yes No

If "Yes", please explain:

- c) Please select your limit of General Liability*: \$1mil \$2mil \$5mil

- d) Would you like a quote for Business Interruption Coverage (ALS – Actual Loss sustained)? Choose an item.

- e) Extra Expense Coverage for \$50,000 is included. Would you like a quote for higher limits? Limit: \$

BUILDING 1 – PRINCIPAL LOCATION

- a) Do you own or rent the location of your business? (Different than your home) Own Rent

- b) Address (if different from mailing address): Yes No

Street:

City:

Province:

Postal Code:

- c) Year built:

Construction type:

Total square feet:

Year updated:

Fire alarm type Code:

Burglar alarm Type:

- d) Do you require more than \$40,000 in Business Contents coverage? Yes No
If "Yes", please give the following limits: Building/Condo Limit Required: \$ _____ Contents Limit Required: \$ _____
- e) Do you require Equipment Breakdown (Boiler and Machinery) coverage? Yes No
- f) Is the applicant responsible for snow removal? Yes No
 If "Yes", is a third party responsible for snow removal? Yes No

g) Building Name:
BUILDING 2

- a) Do you own or rent the location of your business? Own Rent
- b) Address:
 Street: _____
 City: _____
 Province: _____
 Postal Code: _____
- c) Year built: _____
 Construction type: _____
 Total square feet: _____
 Year updated: _____
 Fire alarm type Code: _____
 Burglar alarm T type: _____

- d) Do you require more than \$40,000 in Business Contents coverage? Yes No
If "Yes", please give the following limits: Building/Condo Limit Required: \$ _____ Contents Limit Required: \$ _____
- e) Do you require Equipment Breakdown (Boiler and Machinery) coverage? Yes No
- f) Is the applicant responsible for snow removal? Yes No
 If "Yes", is a third party responsible for snow removal? Yes No

g) Building Name:
BUILDING 3

- a) Do you own or rent the location of your business? Own Rent
- b) Address:
 Street: _____
 City: _____
 Province: _____
 Postal Code: _____
- c) Year built: _____
 Construction type: _____
 Total square feet: _____
 Year updated: _____
 Fire alarm type Code: _____
 Burglar alarm T type: _____

- d) Do you require more than \$40,000 in Business Contents coverage? Yes No
If "Yes", please give the following limits: Building/Condo Limit Required: \$ _____ Contents Limit Required: \$ _____
- e) Do you require Equipment Breakdown (Boiler and Machinery) coverage? Yes No
- f) Is the applicant responsible for snow removal? Yes No
 If "Yes", is a third party responsible for snow removal? Yes No

g) Building Name:
BUILDING 4

- a) Do you own or rent the location of your business? Own Rent
- b) Address:
 Street: _____
 City: _____
 Province: _____

Postal Code: _____

c) Year built: _____

Construction type: _____

Total square feet: _____

Year updated: _____

Fire alarm type Code: _____

Burglar alarm Type: _____

d) Do you require more than \$40,000 in Business Contents coverage? Yes No
If "Yes", please give the following limits: Building/Condo Limit Required: \$ _____ Contents Limit Required: \$ _____

e) Do you require Equipment Breakdown (Boiler and Machinery) coverage? Yes No

f) Is the applicant responsible for snow removal? Yes No
 If "Yes", is a third party responsible for snow removal? Yes No

g) Building Name: _____

BUILDING 5

h) Do you own or rent the location of your business? Own Rent

i) Address: _____

Street: _____

City: _____

Province: _____

Postal Code: _____

j) Year built: _____

Construction type: _____

Total square feet: _____

Year updated: _____

Fire alarm type Code: _____

Burglar alarm Type: _____

k) Do you require more than \$40,000 in Business Contents coverage? Yes No
If "Yes", please give the following limits: Building/Condo Limit Required: \$ _____ Contents Limit Required: \$ _____

l) Do you require Equipment Breakdown (Boiler and Machinery) coverage? Yes No

m) Is the applicant responsible for snow removal? Yes No
 If "Yes", is a third party responsible for snow removal? Yes No

n) Building Name: _____

If you have additional locations please contact us at businessinsurance.travel@marsh.com or toll free 1 844 493 4992.

SIGNATURE

PRIVACY CONSENT - Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. We rely on the employer to obtain the consent of the employee for the collection, use or disclosure of personal information necessary for us to properly manage the client's insurance programs. Such information may be used to make decisions about insurance applications and to assess eligibility for, process and maintain insurance coverage, related products and services; analyze, assess and underwrite risks on a prudent basis; respond to the client's inquiries about applications, accounts and other services; investigate and pay claims; and detect and prevent fraud, suspicious claims or other illegal activities. As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing the client's Personal Information as required for those purposes and as permitted pursuant to relevant privacy laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters and other third parties involved in providing insurance services. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their Personal Information to Marsh for these purposes and for Marsh to use and disclose it for these purposes. Marsh's Privacy Policy is available at www.marsh.ca
 By signing this form you are consenting to the statements above.

Please type name and click **SUBMIT** Date

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