



GUIDE: Travel Agency E&O Web Application

GENERATE INDICATION

This section illustrates how an insurance agent generates a travel agency E&O indication online.

Begin Quote

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

TRAVEL AGENCY INSTANT QUOTE

NEW Enter your 5 digit zip code
[Get Instant Quote >](#)

RENEWAL Enter your Web Renewal Code
[Start Renewal Application >](#)

WEB ACCESS NUMBER
If you have been provided a Web Access Code, a password is not necessary. [Log In >](#)

RETURNING
User ID Password
Your user ID is your e-mail address [Submit >](#)

[About Your Travel Association](#) [Specimen Policy](#) [Privacy Policy](#)

Welcome to... **your company name**

Your Agency is a leader in providing Travel Agency Errors and Omissions insurance. Our practice is simple: Provide unmatched service and value for our customers through a quality array of travel agency insurance products, programs, and expertise. Our insurance products and services are delivered quickly and conveniently with an emphasis on personal touch. Whether it's during normal business hours or through our 24/7 on line carrier access, we always service our customers with courtesy and consideration.

Our team is committed to finding the right solution for your specific insurance needs. We take the time to listen to your concerns, understand your goals, and most importantly, protect your future.

Your Travel Association Logo Can Be Here Address | Address2 City, AZ 12345 [Logout](#)

1. Type the applicant's five-digit zip code into the designated field.
2. Click on the **Get Instant Quote** link.

General Questions

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Travel Agency Instant Quote Effective Date:

Travel Agency Instant Quote in Broward County Deerfield Beach, - FL, 33441

Does your company derive 50% or more of its gross receipts acting as a tour operator and or a meeting planner? ☐ Yes ☒ No

Is your company located in a residence? ☐ Yes ☒ No

Year company established ? 1952

Type of business structure? Corporation

Percentage of Annual Gross Receipts derived from corporate travel (enter as whole number: i.e. 37) 100

Number of years continuously working as a travel agent or tour operator ?

Have any claims, suits or proceedings been brought during the past five (5) years against you or your predecessors in business, affiliates, or any of your past or present partners, owners, officers, sales persons or employees? ☒ Yes ☐ No

Do you or any of your full time employees hold any of the following certifications: ☒ Yes ☐ No

Certified Corporate Travel
Certified Master Cruise Counselor:
Certified Tour Professional:
Certified Travel Counselor:

Travel Agency Tour Operator E&O Program

Did you know that Liberty Mutual offers a flexible payment plan

Start Over Next Quit

1. Click to select "Yes" or "No" in response to the first two questions.
2. Click to select the year the applicant's company was established and the business structure type from the dropdown menus.
3. Type the percentage of the applicant's annual gross receipts that are derived from corporate travel into the designated field.

General Questions Part 2

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Travel Agency Instant Quote Effective Date:

Travel Agency Instant Quote in Broward County Deerfield Beach, - FL, 33441

Does your company derive 50% or more of its gross receipts acting as a tour operator and or a meeting planner? ☐ Yes ☒ No

Is your company located in a residence? ☐ Yes ☒ No

Year company established ? 1952

Type of business structure? Corporation

Percentage of Annual Gross Receipts derived from corporate travel (enter as whole number: i.e. 37) 100

Number of years continuously working as a travel agent or tour operator ? 4 + Years

Have any claims, suits or proceedings been brought during the past five predecessors in business, affiliates, or any of your past or present partner persons or employees? ☐ Yes ☒ No

Do you or any of your full time employees hold any of the following certifications:
Certified Corporate Travel
Certified Master Cruise Counselor:
Certified Tour Professional:
Certified Travel Counselor:

Travel Agency Tour Operator E&O Program

Did you know that Liberty Mutual offers a flexible payment plan

Next Quit

1. Click to select the number of years the applicant has been working continuously as a travel agent or tour operator from the designated dropdown menu.
2. Click to select "Yes" or "No" in response to the next two questions.
3. Click on the **Next** button.

Limits/Deductibles

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency

Limits Requested: \$1,000,000/\$1,000,000 ?

Quote Effective Date: 02/01/2014 ?

Deductible: 25000 ?

Deductible Type: Indemnity Only ?

(Est.) Annual Gross Sales for the next 12 months. (Enter numeric dollar amount ex: 100000) 1000000 ?

Please indicate if travel is arranged to any of the following countries or regions and provide the approximate percentage of Annual Gross Receipts from these bookings: (Total must = 100)

US and Canada

Caribbean & W Europe

Middle East

Other

Is there an in-house training program for all travel agents who work for your firm? ☐ Yes ☐ No

Do you or your employees regularly take familiarization trips to destinations frequently recommended to travelers? ☐ Yes ☐ No

Do you routinely offer Travel Insurance? ☐ Yes ☐ No

If yes please list the top 3 carriers. Carrier 1 Carrier 2 Carrier 3

If the traveler declines Travel Insurance, is the dedication documented ? ☐ Yes ☐ No

Travel Agency Tour Operator E&O Program

Click on the question marks for additional explanation.

Complete this page & click the Next button to get a free no obligation rate indication.

Previous Next Quit

1. Click to select the applicant's desired limits and deductibles from the dropdown menus.
2. Type or click to select the applicant's effective date into the field.
3. Click to select the deductible type from the designated dropdown menu.
4. Type the applicant's annual gross sales for the next 12 months into the designated field.

Limits/Deductibles Part 2

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency

Limits Requested: \$1,000,000/\$1,000,000 ? Deductible: 25000 ?
Quote Effective Date: 02/01/2014 ? Deductible Type: Indemnity Only ?
(Est.) Annual Gross Sales for the next 12 months. (Enter numeric dollar amount ex: 100000) 1000000 ?

Please indicate if travel is arranged to any of the following countries or regions and provide the approximate percentage of Annual Gross Receipts from these bookings: (Total must = 100)

Region	Percentage
US and Canada	50
Caribbean & W Europe	50
Middle East	0
Other	0

Is there an in-house training program for all travel agents who work for your firm? ☒ Yes ☐ No

Do you or your employees regularly take familiarization trips to destinations frequently recommended to travelers? ☒ Yes ☐ No

Do you routinely offer Travel Insurance? ☒ Yes ☐ No

If yes please list the top 3 carriers.

Carrier 1	Carrier 2	Carrier 3
Travel Guard	CSA Travel Prot	Tour Supplier

If the traveler declines Travel Insurance, is the deduction documented? ☒ Yes ☐ No

Travel Agency Tour Operator E&O Program

Click on the question marks for additional explanation.
to get a free no obligation rate indication.

Previous Next Quit

1. Type the percentage of annual gross receipts in the fields for the corresponding regions.
NOTE: The figures must total 100, and all fields must contain an entry, which may be a "0."
2. Click to select "Yes" or "No" in response to the next four questions.
3. Click to select the top three travel insurance carriers from the dropdowns, if applicable.
4. Click on the **Next** button.

Travel Agency Instant Quote



Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance



Travel Agency Instant Quote Effective Date: 02/01/2014

Travel Agency Instant Quote in Broward County Deerfield Beach, - FL, 33441
Retail Travel Agent

Annual Receipts	\$1,000,000
Classification	Retail Travel Agent
Limits	\$1,000,000/\$1,000,000
Deductible Type	Indemnity Only
Deductible	\$25,000
Policy Type	Occurrence
Effective Date	02/01/2014
Expiration Date	02/01/2015

Annual PL Premium	\$600.00
Add'l Coverage Premium	\$0.00
Policy Fee	\$25.00
Taxes & Fees	\$40.63
Total	\$665.63

\$665.63

Print Quote

You can start the application process
or have one of our licensed agents contact you .

Email

Comments/Questions

Submit Comments/Questions

Begin the application process now. 

Click the next button on the bottom right of your screen.

At the end of the application process you will be able to purchase your policy through our secure payment gateway.

Your policy documents will be e-mailed to you after purchasing through your secure login portal.

12841

Next

1. Review the customer's data, charges and fees to ensure they are accurate.
2. Click on the **Next** button.

Corporate Insured Name

your company name

Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency

Legal Entity Name ?
Travel Agency Legal Name

Doing Business As (DBA)
Doing Business As Name

Phone
333-333-3333

Fax
555-555-5555

Office Contact
Office Contact

E-mail (This will also be your login)
travel@email.com

Please choose a password (for later retrieval of this quote)
password

Website
www.travel.com

**Travel Agency
Tour Operator E&O Program**

?
Click on the question marks for additional explanation.

Next

Quit

1. Type the applicant's name legal entity name, DBA, phone, fax, and office contact name into the designated fields.
2. Type the applicant's email address, password and website address into the fields.
3. Click on the **Next** button.

Professional Liability Quote Indication

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency

Professional Liability (PL) Quote Indication

Annual Receipts	\$1,000,000
Classification	Retail Travel Agent
Limits	\$1,000,000/\$1,000,000
Deductible Type	Indemnity Only
Deductible	\$25,000
Policy Type	Occurrence
Effective Date	02/01/2014
Expiration Date	02/01/2015

Annual PL Premium	\$600.00
Add'l Coverage Premium	\$0.00
Policy Fee	\$25.00
Taxes & Fees	\$40.63
Total	\$665.63

Thank you for your inquiry

You can start the application process below or have one of our licensed agents contact you .

travel@gmail.com

☒ Via Phone ☐ Via E-Mail

Comments/Questions

[Submit Comments/Questions](#)

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is

\$666

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[Next](#) [Quit](#)

1. Click on the **Next** button.

PROCESS APPLICATION DETAILS

- This section illustrates how to process application details for a travel agency E&O application in OnLine-PL.

Insured Address

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 1 of 14

Insured Address
361 E. Hillsboro Blvd.
Building / Suite: If Applicable
City: Deerfield Beach State: FL Zip: 33441
Office Contact: Office Contact Phone: 333-333-3333 Fax: 555-555-5555

Mailing Address (if different from insured address)
If Applicable
Building / PO Box: If Applicable
City: Deerfield Beach State: FL Zip: 33441

Applicant is a: Corporation

(a) How many locations does Applicant have?

(b) Please provide the following information for each location (if different from Applicant's name):

Branch Name (if different from Applicant's name)	Address	City	State	Zip	Date Est.

Other : Please Explain:

Travel Agency E&O Program
Your Annual Professional Liability Premium is
\$666
12763

Previous Next Quit

1. Type the applicant's address and mailing address into the fields, if applicable.
2. Type the insured's building/suite and building/P.O. Box into the fields.

Branch

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 1 of 14

Insured Address
361 E. Hillsboro Blvd.
Building / Suite: If Applicable
City: Deerfield Beach State: FL Zip: 33441
Office Contact: Office Contact Phone: 333-333-3333 Fax: 555-555-5555

Mailing Address (if different from insured address)
If Applicable
Building / PO Box: If Applicable
City: Deerfield Beach State: FL Zip: 33441

Travel Agency Tour Operator E&O Program
Your Annual Professional Liability Premium is **\$666**

(a) How many locations does Applicant have? 1
(b) Please provide the following information for each location (if different from Applicant's name):

Branch Name (if different from Applicant's name)	Address	City	State	Zip
Branch Name	Branch Address	Branch City	ST	77777

Other: Please Explain Complete If Applicable

Next **Quit**

1. Review the populated data to ensure that it is correct.
2. Click to select the applicant's number of locations from the dropdown menu.
3. Type the branch information into the appropriate fields if applicable.
4. Click on the **Next** button.

Subsidiary Part 1

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 2 of 14

Is Applicant owned by, or have common ownership with any other company or organization? ☐ Yes ☒ No

If Yes : Please Explain: Complete If Answered "Yes" to the Previous Question

Does Applicant have any subsidiaries? ☐ Yes ☒ No

If applicant has subsidiaries, please complete the following .

Entity Name	Nature of Operations	Percent Owned	Coverage Desired
<u>Complete If Answered "Yes" to Question</u>	<u>Complete If Answered "Yes" to the Previous Question</u>	<u>50</u>	☐ Yes ☒ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Within the past five (5) years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity?

If yes, please complete the following:

Entity Name	Date of Transaction	Type of Transaction	Did Applicant Assume any:
			Assets: ☐ Yes ☐ No
			Liabilities: ☐ Yes ☐ No
			☐ Yes ☐ No

If liabilities were assumed by Applicant, please provide details:

Please list all owned domain names and websites: (All listed domain names/websites may or may not qualify for coverage.):

Travel Agency E&O Insurance

Your Annual Professional Liability Premium is

\$666

Previous Next Quit

1. Click to select whether the applicant is owned by or has common ownership with any other company or organization. **NOTE:** Type an explanation into the following field, if applicable.
2. Click to select whether the applicant has any subsidiaries. **NOTE:** Type an entry for each, if applicable.

Subsidiary Part 2

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 2 of 14

Is Applicant owned by, or have common ownership with any other company or organization? ☐ Yes ☒ No

If Yes : Please Explain: Complete If Answered "Yes" to the Previous Question

Does Applicant have any subsidiaries? ☐ Yes ☒ No

If applicant has subsidiaries, please complete the following .

Entity Name	Nature of Operations	Percent Owned	Coverage Desired
Complete If Answered "Yes" to Question	Complete If Answered "Yes" to the Previous Question	50	☐ Yes ☒ No
			☐ Yes ☒ No
			☐ Yes ☒ No

Within the past five (5) years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity? ☐ Yes ☒ No

If yes, please complete the following:

Entity Name	Date of Transaction	Type of Transaction	Did Applicant Assume any:
Complete If Answered Yes	02/01/2014	Complete If Answered "Yes"	Assets: ☐ Yes ☒ No
			Liabilities: ☐ Yes ☒ No
			☐ Yes ☒ No
			☐ Yes ☒ No

If liabilities were assumed by Applicant, please provide details:
Complete If Answered "Yes" to the Previous Question

Please list all owned domain names and websites: (All listed domain names/websites may or may not qualify for coverage.):
Complete If Applicable

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is
\$666

Next Quit

1. Click to select whether the applicant has changed its name, acquired business or merged with another entity with the past five years. **NOTE:** Complete an entry for each additional entity, if applicable.
2. Type details of any applicant liabilities and their owned domain names and websites into the designated fields, if applicable.
3. Click on the **Next** button.

Employees

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 3 of 14

Does Applicant's website(s) advertise services or products other than the Applicant's own?
If yes, please explain:
Provide a detailed explanation if responded "Yes" to the previous question.

Yes No

Please provide the total number of Applicant's employees:
Full Time Part Time
6 3

Please provide the total number of Independent contractors:
2

Your Annual Professional Liability Premium is
\$666

Next

12785 Quit

1. Click to select whether the applicant's websites advertise products or services that are not their own. **NOTE:** Type additional details into the designated field, if applicable.
2. Select the applicant's number of full and part-time employees from the designated menus.
3. Type the applicant's number of independent contractors into the designated field.
NOTE: Select "0" if the applicant doesn't have independent contractors.
4. Click on the **Next** button.

Operation

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 4 of 14

Operation:

Is Applicant a member of the following associations, consortiums, or franchise?

If "other", please provide details:

Does the applicant hold an appointment with any of the following organizations: ARC, IATAN, CLIA ☒ Yes ☐ No

Does Applicant have any ownership interest in any other travel related business? (e.g. tour company, limousine, motor coach, hotels, etc?) ☐ Yes ☐ No

If yes, please explain:

THIS POLICY DOES NOT COVER INTERNET LIABILITY COVERAGE

Are you requesting internet bookings coverage ? ☐ Yes ☐ No

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is \$666

Previous Next Quit

1. Click to select whether the applicant is a member of an industry association, consortium or franchise. **NOTE:** Type additional details into the designated field, if applicable.
2. Click to select whether the applicant holds appointments with ARC, IATAN, or CLIA.

Operation Part 2

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 4 of 14

Operation:

Is Applicant a member of the following associations, consortiums, or franchise?

If "other", please provide details:

Does the applicant hold an appointment with any of the following organizations: ARC, IATAN, CLIA ☐ Yes ☒ No

Does Applicant have any ownership interest in any other travel related business? (e.g. tour company, limousine, motor coach, hotels, etc?) ☐ Yes ☒ No

If yes, please explain:

THIS POLICY DOES NOT COVER INTERNET LIABILITY COVERAGE

Are you requesting internet bookings coverage ? ☐ Yes ☒ No

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is **\$666**

1. Click to select whether the applicant has any ownership interest in other travel related businesses, such as: tour companies, limousines, motor coaches, hotels, etc. **NOTE:** If responded "Yes" to this question, type an explanation into the designated field.
2. Click to select whether the applicant is requesting internet bookings coverage.
3. Click on the **Next** button.

Revenue Information

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 5 of 14

REVENUE INFORMATION

FISCAL YEAR END DATE: 2014

Annual gross sales (Est.) for the next 12 Months: \$1,000,000

Annual gross sales for the previous 12 Months: 1000000

Percentage of annual gross sales derived from: (need not equal 100%) Enter whole numbers, they will be converted to percents.

(a) Group Travel (bookings for 8 or more passengers at one time)

(b) Cruises

(c) Foreign Travel (outside the U.S. and Canada)

(d) Student/Youth Travel (band competitions, educational excursions with chaperones, home stays, spring break, traveling camps, etc.)

(e) Adventure Travel (cycling, fishing/hunting, kayaking/rafting, safaris, scuba diving, skiing, trekking, etc.)

(f) Niche segments of travel (affinity groups, honeymoons, weddings, yacht charters, etc.)

Please describe [d, e and f] answers below

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is **\$666**

Previous Next Quit

1. Select the applicant's fiscal year end date from the dropdown menu.
2. Type the applicant's annual gross sales for the previous 12 months into the field.

Revenue Information Part 2

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 5 of 14

REVENUE INFORMATION

FISCAL YEAR END DATE: 2014

Annual gross sales (Est.) for the next 12 Months: \$1,000,000

Annual gross sales for the previous 12 Months: 1000000

Percentage of annual gross sales derived from: (need not equal 100%) Enter whole numbers, they will be converted to percents.

- (a) Group Travel (bookings for 8 or more passengers at one time) 50
- (b) Cruises 50
- (c) Foreign Travel (outside the U.S. and Canada) 0
- (d) Student/Youth Travel (band competitions, educational excursions with chaperones, home stays, spring break, traveling camps, etc.) 0
- (e) Adventure Travel (cycling, fishing/hunting, kayaking/rafting, safaris, scuba diving, skiing, trekking, etc.) 0
- (f) Niche segments of travel (affinity groups, honeymoons, weddings, yacht charters, etc.) 0

Please describe [d, e and f] answers below

Provide a description if responded if the entry for d-f > 0

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is \$666

Next

Quit

1. Type the percentage of annual gross sales for all of the categories listed.
NOTE: If the applicant typed anything other than "0" for questions d-f, type a description into the designated field.
2. Click on the **Next** button.

Revenue Information Page 2

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 6 of 14

REVENUE INFORMATION

Please indicate if travel is arranged to any of the following countries or regions and provide the approximate percentage of Annual Gross Receipts from these bookings:

US and Canada	50%
Caribbean & W Europe	50%
Middle East	0%
Other	0%

Are 10% or more of Applicants Annual Gross Receipts derived from bookings with one particular supplier? ☐ Yes ☒ No

If "Yes" which supplier. Complete if responded "Yes" to the previous question

Are you a host Travel Agency ? ☐ Yes ☒ No

A host travel Agency is defined as more than 50% of your gross revenues come from wholesale business (any business on which a commission is paid by Applicant to another firm or agency)

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is
\$666

Next **Quit**

1. Click to select whether 10% or more of the applicant's gross receipts are from bookings with one particular supplier. **NOTE:** If answered "Yes" to this question, type the complete supplier information into the designated field.
2. Click to select whether the applicant is a host travel agency.
3. Click on the **Next** button.

Coverage



Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance


Retail Travel Agency
Screen 8 of 14

CURRENT/PRIOR COVERAGE

NOTE: THE DEFINITION OF "INSURED" UNDER THE POLICY THAT YOU ARE APPLYING FOR INCLUDES INDEPENDENT CONTRACTORS, BUT ONLY FOR LIABILITY ARISING FROM PERFORMANCE OF THEIR DUTIES WHILE WORKING UNDER CONTRACT FOR A NAMED INSURED AND FROM PERFORMANCE OF "TRAVEL AGENCY SERVICES". IF NOT APPLICABLE, PLEASE ENTER N/A

Travel Agents Professional Liability Insurance for the last three (3) years:

POLICY PERIOD	CARRIER	LIMITS	DEDUCTIBLE	PREMIUM
2008-2011	Liberty	\$1,000,000	\$750	\$10,000

Do you currently maintain General Liability? ☒ Yes ☐ No

Has Applicants insurance ever been canceled or denied coverage for any of the following reasons ? Please check all that apply.

☒ Have never been denied coverage
 ☐ Lack of experience or length of time in business

☐ Underwriting reasons
 ☐ Size of operation too small

☐ Insurance Company no longer able to write business in your state
 ☐ Other - (including non-payment)

☐ Claims experience

☐ Insurance Company no longer writing this line of business

If you checked other - please explain

Travel Agency
Tour Operator E&O Program

Your Annual Professional
Liability Premium is

\$666

Next

Quit

1. Type the requested current and/or prior coverage information into the designated fields.
2. Click to select whether the applicant has general liability coverage.
3. Click to select the reason(s) an applicant's insurance has been canceled/denied coverage.
NOTE: If selected "Other" in response to this question, type an explanation into the field.
4. Click on the **Next** button.

Additional Coverage

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Additional Coverage ? Retail Travel Agency Screen 9 of 14

Click on desired Coverage to add.

Broad Form Advertising Injury Coverage
(This coverage costs an additional 10% of the total policy premium subject to a minimum charge of \$250 and a maximum charge of \$1,250.)

Additional Fire Legal Liability Limit
(Policy automatically includes \$50,000 Limit. Check box only if you need a total Limit of \$150,000 Further underwriting is required and may take up to additional 7 days for approval.)

Limited Form Advertising Injury Coverage (All)
(This coverage costs an additional 5% of the total policy premium subject to a minimum charge of \$100 and a maximum charge of \$500.)

Medical Payments Endorsement
(This coverage costs an additional \$200.)

Additional Insured's Coverage
(There is no charge for the first two (2) additional insured's; each additional insured thereafter will cost \$150.00)
Enter the info for Additional Insured then click "Add"

Name Type
Insured Name Host Agency
Address City State Zip
Insured Address City FL 33441

Add

Click on Coverage to remove

Additional Insured's Coverage
Insured Name Insured Address City FL 33441 - Premium Reduction \$0.00

Independent Contractors

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is
\$666

Next

Quit

1. Type to enter and click to select the additional insured's information from the dropdowns.
2. Click on the **Add** button.
3. Repeat steps 1-2 until all additional insureds have been entered.
4. Click on the **Next** button.

History

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 10 of 14

DESIRED LIMITS/ DEDUCTIBLE OPTIONS

Please choose the Limit option that best fits your needs: \$1,000,000/\$1,000,000

Please choose the Per Occurrence Deductible option that best fits your needs: 25000

If you choose a deductible, please select how you want the deductible applied: ☒ Indemnity Only ☐ Indemnity & Claims Expense

HISTORY

In the past five (5) years, have any officers, principals, partners, directors, or professional employees of Applicant had their license(s) or certification(s) suspended or revoked? ☐ Yes ☒ No

Have you or any of your predecessors in business, affiliates, or officers, independent contractors or employees been investigated by any agency, certifying body, or other governmental entity? ☐ Yes ☒ No

After polling all employees, are you aware of any occurrences which can reasonably be expected to result in a claim being made against the Applicant? ☐ Yes ☒ No

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is

\$666

Previous Next Quit

1. Click to select “Yes” or “No” in response to the three questions.
2. Click on the **Next** button.

Occurrence

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 11 of 14

Applicant is applying for an Occurrence Policy. Please answer the following

After polling all employees, is Applicant aware of any Occurrences which can reasonably be expected to result in a Claim being made against any Applicant?

☐ Yes ☒ No

The policy for which Applicant is applying, if issued, will not insure any Claim that arises from any Occurrence that takes place before the Inception Date of the policy.

The policy for which Applicant is applying, if issued, will not insure any Claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any Applicant before the Inception Date of the policy.

Has Applicant or any of Applicant's predecessors in business, affiliates, or any past or present partners, owners, officers, independent contractors or employees been investigated and/or cited by any regulatory agency, certifying body, or other governmental entity?

☐ Yes ☒ No

Have any Claims, suits or proceedings been brought during the past five (5) years against Applicant or Applicant's predecessors in business, affiliates, or any past or present partners, owners, officers, independent contractors or employees?

☐ Yes ☒ No

Travel Agency Tour Operator E&O Program

\$666

Next **Quit**

1. Click to select "Yes" or "No" in response to the next three questions.
2. Click on the **Next** button.

Professional Liability Quote Indication

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 12 of 14

Professional Liability (PL) Quote Indication

Annual Receipts	\$1,000,000
Classification	Retail Travel Agent
Limits	\$1,000,000/\$1,000,000
Deductible Type	Indemnity Only
Deductible	\$25,000
Policy Type	Occurrence
Effective Date	02/01/2014
Expiration Date	02/01/2015
Annual PL Premium	\$800.00
Add'l Coverage Premium	\$0.00
Policy Fee	\$25.00
Taxes & Fees	\$40.63
Total	\$865.63

Coverages
Click on Coverage to "Omit"

Included

General Liability	\$1,000,000/\$1,000,000
Fire Legal Liability	\$ 50,000

Additional

Independent Contractors

Total Additional Coverage's \$0

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is

\$666

Print Quote

1. Click on the **Print Quote** button.

Print

The screenshot shows a web form titled "Travel Agency E & O Rate Indication" from Liberty Mutual. The form contains fields for Applicant (John Doe, Deerfield Beach, FL 33441) and Agency (Demo Agency, 361 East Hillsboro, 100, Deerfield Beach, FL 33064). It also displays policy details: Annual Receipts (\$500,000), Policy Limits (\$1,000,000/\$1,000,000), Effective Date (02/01/2014), Expiration Date (02/01/2015), Deductible (\$2,500), Classification (Retail Travel Agent), and Policy Type (Occurrence). A section for "PAYMENT OPTIONS - EFT or Credit Card" shows a full payment of \$666 with quarterly or monthly options. "ADDITIONAL COVERAGES" are listed as LSIC - TAP-1200 and LSIC - TAP-1211. A yellow box in the top right corner contains the text: "To print this screen, please use the print option of your web browser". A red circle highlights a "Previous" button with a left arrow icon. A large blue arrow points upwards from the bottom of the page towards the "Previous" button.

Travel Agency E & O
Rate Indication
361 E. Hillsboro Blvd
Deerfield Beach, FL 33441

Applicant
John Doe
Deerfield Beach, FL 33441

Agency
Demo Agency
361 East Hillsboro
100
Deerfield Beach, FL 33064

Annual Receipts: \$500,000
Effective Date: 02/01/2014
Expiration Date: 02/01/2015
Classification: Retail Travel Agent

Policy Limits: \$1,000,000/\$1,000,000
Deductible On: Indemnity Only
Deductible: \$2,500
Policy Type: Occurrence

PAYMENT OPTIONS - EFT or Credit Card
Payment in Full: \$666
Quarterly *Down payment of 35% *3 quarterly equal payments
Monthly *Down payment of 20% *8 monthly payments
* Installment fees and/or credit card fees will apply if applicable

ADDITIONAL COVERAGES
LSIC - TAP-1200 - Additional Insured (1/14/2014 4:03:48 PM)
LSIC - TAP-1211 - General - Independent Contractors \$0

Quote is valid for 30 days from 1/14/2014 . If you have any questions please contact your agent. If you don't have an Agent, we will provide you with one.

To print this screen, please use the print option of your web browser

Previous

1. Use the web browser's print option to print the rate indication.
2. Click on the < **Previous** button to return to the previous page.

Professional Liability Quote Indication

The screenshot displays a web application interface for a Professional Liability (PL) Quote Indication. The header includes a logo for 'your company name' and contact information for 'Travel Agency E&O Insurance'. The main content area is divided into three sections: a left sidebar with policy details, a central 'Coverages' section, and a right sidebar with the final premium amount. A large blue arrow points to the 'Next' button, which is circled in red.

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 12 of 14

Professional Liability (PL) Quote Indication

Annual Receipts	\$1,000,000
Classification	Retail Travel Agent
Limits	\$1,000,000/\$1,000,000
Deductible Type	Indemnity Only
Deductible	\$25,000
Policy Type	Occurrence
Effective Date	02/01/2014
Expiration Date	02/01/2015
Annual PL Premium	\$800.00
Add'l Coverage Premium	\$0.00
Policy Fee	\$25.00
Taxes & Fees	\$40.63
Total	\$865.63

Coverages
Click on Coverage to "Omit"

Included	
General Liability	\$1,000,000/\$1,000,000
Fire Legal Liability	\$ 50,000
Additional	
Independent Contractors	
Total Additional Coverage's	\$0

Travel Agency Tour Operator E&O Program

Your Annual Professional Liability Premium is

\$666

Next

Quit

Get Rate Total Annual Premium for your Professional Liability Policy WITHOUT Additional Coverages \$865.63 **Print Quote**

1. Click on the **Next** button.

Fraud Statement

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Screen 13 of 14

By submitting this Application, you represent the following:

- 1.The statements in the Application or Renewal Application furnished to the Company are accurate and complete;
- 2.Those statements furnished to the Company are representations I make on behalf of all proposed insured's;
- 3.Those representations are a material inducement to the Company to provide a Premium Indication;
- 4.If a policy is issued, the Company will have issued this policy in reliance upon those representations;
- 5.If there is any material change in my condition or in my activities, services, or answers provided in this Application that occurs or is discovered between the date of this Application and the effective date of any policy, if issued, Applicant will immediately report to the Company in writing ; and

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 OR INCOMPLETE 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 CIVIL FINES AND CRIMINAL PENALTIES (FOR NEW YORK RESIDENTS ONLY: AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION).

FLORIDA FRAUD STATEMENT

Authority Section 817.234: 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."

**Travel Agency
Tour Operator E&O Program**

Your Annual Professional
Liability Premium is

\$666

Next

Quit

1. Thoroughly review the fraud statement.
2. Click on the **Next** button.

Applicant's Reps/Authorization

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency

Travel Application Instant Quote
Broward County, Deerfield Beach, FL 33441

APPLICANT'S REPRESENTATIONS AND AUTHORIZATION

I understand that no coverage will be bound until after the carrier has reviewed the completed application and expressed its intention to provide coverage. Acceptance of payment is not an expression of the carrier's intent to provide coverage. If coverage is declined by the carrier, any advance payment will be promptly returned. The information provided in this application is true, complete and accurate to the best of my knowledge. I know of no other relevant facts which might affect the underwriter's judgment when considering this application or which might be material to the underwriter's risk. I authorize the release of any underwriting and/or claim information from all prior and current insurers.

I agree to receive any and all information regarding my coverage via electronic mail or email.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

I agree to receive any and all information regarding my coverage via electronic mail or email.

Authorized Representative

First Name	Last Name
John	Doe

Next **Quit**

1. Type the authorized rep's first name into the designated field.
2. Type the authorized rep's last name into the designated field.
3. Click on the **Next** button.

Provide Email or Mobile Info

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Signature Page

Travel Application Instant Quote
Broward County, Deerfield Beach, FL 33441

APPLICANT'S REPRESENTATIONS AND AUTHORIZATION

I, John Doe
acknowledge that I have read and
understand the applicant's representation and authorization statement.

In order to help protect your identity, Liberty Surplus Insurance Corporation uses a 2 step
verification system. Verification is provided via e-mail or text message.

Authorized Representative First Name John Last Name Doe

Authorize Via

Authorized representative email
john.doe@gmail.com

Authorized representative cell provider
ATT

OR

Authorized representative cell
555-555-5555

SUBMIT AUTHORIZATION Previous Quit

1. Type the applicant's email address of cell phone provider and number into the designated fields.
2. Click on the **Submit Authorization** button. **NOTE:** The authorization code is sent to the applicant in the form of an email or text message.

Type Code/Provide Signature

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Retail Travel Agency Signature Page

Travel Application Instant Quote
Broward County, Deerfield Beach, FL 33441

APPLICANT'S REPRESENTATIONS AND AUTHORIZATION
I, John Doe
acknowledge that I have read and
understand the applicant's representation and authorization statement.

In order to help protect your identity, Liberty Surplus Insurance Corporation uses a 2 step
verification system. Verification is provided via e-mail or text message.

Authorized Representative First Name John Last Name Doe

Authorize Via

Authorized representative email
jthomas@managedinsurance.com

OR

Authorized representative cell provider
ATT

Authorized representative cell
555-555-5555

Enter the authorization code below provided
to you via text message and email

36244

SIGN DOCUMENT

Your iQsignature Receipt

John Doe
iQsignature

Previous Next Quit

1. Type the authorization code into the field,
2. Click on the **Sign Document** button.
3. Use a snap tag app on a smart phone to download the receipt, if applicable.
4. Click on the **Next** button.

Bind and Pay

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Screen 14 of 14

Travel Application Instant Quote
Broward County, Deerfield Beach, FL 33441

Quote Number tr9144

Congratulations! Your application has been approved and will be reviewed by one of our underwriters.

To bind coverage, please click Bind and Pay below. You will be able to pay for your policy and print out all appropriate documentation. If there is a problem with your application during its review, you will be notified via e-mail within 48 hours.

Bind and Pay

Travel Agency
Tour Operator E&O Program

Your Annual Professional
Liability Premium is

\$666

Previous

Quit

1. Click on the **Bind and Pay** button.

SELECT PAYMENT

- This section illustrates how to select the payment type and frequency for the policy.

Select Payment | Type

NOTE: A premium finance option is not available at this time.

1a. Click on the **Pay By Check** link if the applicant wants to pay by check.

1b. Click on the **Pay By Credit Card** link if the applicant wants to pay by credit card.

BIND/PAY BY CHECK | ISSUE POLICY

- This section illustrates how to bind coverage, issue and pay for a policy online by check.

Select Payment Frequency

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Please select your payment plan

☒ Pay in Full	Professional Liability Premium	600.00
	Additional Coverage Premium	0.00
	Policy Fee	25.00
	Florida FIGA Tax	40.63
	Total	665.63

Total \$665.63

☐ Quarterly

**Downpayment of 35% \$277.63
*3 quarterly payments \$132.00
Total payments plus \$8 installment fees \$673.63

☐ Monthly

*Downpayment of 20% \$187.63
*8 monthly payments \$62.00
Total payments plus \$18 installment fees \$683.63

* Includes \$2 installment fee per payment.
** Includes taxes if applicable.

SELECT PAYMENT FREQUENCY

Select method of payment

Next

QUIT 175 Berkeley Street Boston, MA 02117

1. Click to select the applicant's desired payment frequency.
2. Click on the **Next** button.

EFT Payment Entry

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Travel Agency E & O - Surplus Lines Payment

Total payable - \$665.63

Please enter your ABA/routing & account number.

ABA/Routing #: 267084131

Account #: 99999999

If I am accepted by the Company and agree to the underwriting terms, I authorize the Company or its representative to initiate, and my financial institution to honor payments from the above bank account.

EXAMPLE

Your Name: 05-01 1051
1234 Your Street
Your Town, NY 12345 99-99999999

Pay to the Order of: YOUR BANK

For: 123456789 123456789123 1051

Routing # Account # Check #

Electronic Fund Transfer Payment Entry

Select method of payment

Next

QUIT 175 Berkeley Street Boston, MA 02117

1. Type the applicant's ABA/routing and account numbers into the fields.
2. Click on the **Next** button.

Click to Pay

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

You have selected to pay by Checking

Policy Payment

Routing number - 267084131
Bank account number - *****9999
Amount to be paid \$665.63

All the billing reminders & documents will be sent to the e-mail address listed below.

If you want your policy documents to go to another e-mail address click in the box & enter it below.
travel@gmail.com

Soon, you will receive all your policy documents via e-mail from Policy Services -
It is possible your e-mail might see this as spam. Please check your spam box and allow mail from this e-mail address.

Electronic Fund Transfer Payment Entry

Once you click the "Pay" button your transactions will be processed.
Only click the "Pay" button once.

Pay

QUIT | 175 Berkeley Street Boston, MA 02117

1. Click on the **Pay** button.

Payment Confirmation

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

You have selected to pay by Checking

Policy Payment

Routing number - 267084131
Bank account number - *****9999
Amount to be paid \$665.63

YOUR PAYMENT WILL BE PROCESSED ON 1/24/2014

Travel Agency E & O - Surplus Lines Payment

Total payable - \$665.63

Transaction Number 512226 @ 1/24/2014 12:22:17 PM

**Electronic Fund Transfer
Payment Entry**

PRINT THIS PAGE FOR YOUR RECEIPT.

YOUR TRANSACTION NUMBER IS:
512226

YOUR POLICY DOCUMENTS WILL BE
SENT TO YOU SHORTLY.

Next

QUIT 175 Berkeley Street Boston, MA 02117

1. Use the browser's print option to print this page as a receipt.
2. Click on the **Next** button.

Coverage Confirmation

Liberty
Surplus Insurance
Corporation

**LIBERTY SURPLUS INSURANCE CORPORATION
CONFIRMATION OF COVERAGE
TRAVEL AGENCY E & O - SURPLUS LINES**

INSURED: Travel Agency Legal Name
Doing Business As Name
361 E. Hillsboro Blvd.
If Applicable
Deerfield Beach, FL 33441

STATUS: Active

CONFIRMATION NUMBER: 512226

CONFIRMATION DATE: 2/1/2014

EXPIRATION DATE: 2/1/2015

LIMITS: \$1,000,000/\$1,000,000

CLASSIFICATION: Retail Travel Agent

CONFIRMATION PROVIDED FOR:

THIS CONFIRMATION OF COVERAGE IS PROVIDED ON BEHALF OF THE NAMED INSURED AND IS FOR INFORMATION PURPOSES ONLY AND EXTENDS NO RIGHTS TO ANYONE OTHER THAN THE NAMED INSURED. SHOULD THIS POLICY BE CANCELLED THE COMPANY WILL MAIL THE CERTIFICATE HOLDER A NOTICE OF CANCELLATION WITHIN 30 DAYS; HOWEVER, FAILURE TO ISSUE SUCH NOTICE TO ANY LISTED ENTITY SHALL NOT OBLIGATE THE COMPANY TO ANY LIABILITY.

Program Administrator
Managed Insurance Services, LLC
361 E. Hillsboro Blvd.
Deerfield Beach, FL 33441

Phone 954-788-5453 www.managedinsurance.com Fax 954-428-1175

<<Log Out>>

Quit

To print
screen
Print
the
con
scr

1. Use the browser's print option to print the coverage confirmation.
2. Click on the **Quit** button in the top right corner of the screen to exit.

BIND/PAY BY CC | ISSUE POLICY

- This section illustrates how to bind coverage, issue and pay for a policy online by credit card.

Select Payment Frequency



Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Please select your payment plan

Professional Liability Premium	600.00
Additional Coverage Premium	0.00
Policy Fee	25.00
Florida FIGA Tax	40.63
Total	665.63

☒ Pay in Full

Credit card fees - \$15.98

Total \$681.61

Payments made by credit card are not available for payment plans.

* Includes \$2 installment fee per payment.

** Includes taxes if applicable.

SELECT PAYMENT FREQUENCY

Select method of payment

12791

Next

QUIT

175 Berkeley Street Boston, MA 02117

1. Click on the **Next** button.

Credit Card Payment Entry

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

Travel Agency E & O - Surplus Lines Payment

Total payable - \$881.81
includes a \$15.97 credit card fee.

We accept Visa or Mastercard

Credit Card #: 5207180124593294

Expiration Date: Month 12 Year 2018

3 digit security code as it appears on the back of your card: 200

If I am accepted by the Company and agree to the underwriting terms, I authorize the Company or its representative to initiate, and my credit card company to honor payments from the above credit card account.

Credit Card Payment Entry

Next

QUIT 175 Berkeley Street Boston, MA 02117

1. Type the applicant's credit card number into the designated field.
2. Click to select the applicant's expiration date, month and year, from the dropdown menus.
3. Type the applicant's three-digit security code into the designated field.
4. Click on the **Next** button.

Click to Pay

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

You have selected to pay by Credit Card

Policy Payment

Credit card number - **** * 3294
Expiration date of credit card 12/2016
Amount to be paid \$681.61

All the billing reminders & documents will be sent to the e-mail address listed below.

If you want your policy documents to go to another e-mail address click in the box & enter it below:
travel@email.com

Soon, you will receive all your policy documents via e-mail from Policy Services -
It is possible your e-mail might see this as spam. Please check your spam box and allow mail from this e-mail address.

Electronic Fund Transfer Payment Entry

Once you click the "Pay" button your transactions will be processed.
Only click the "Pay" button once.

Pay

QUIT | 175 Berkeley Street Boston, MA 02117

1. Click on the **Pay** button.

Payment Confirmation

your company name
Company Name
123 Main Street
Anytown, USA 12345 Phone: 445.555-1212

Travel Agency E&O Insurance

You have selected to pay by Credit Card

Policy Payment

Credit card number - **** * 3294
Expiration date of credit card 12/2016
Amount to be paid \$681.61

YOUR PAYMENT WILL BE PROCESSED ON 1/24/2014

Travel Agency E & O - Surplus Lines Payment

Total payable - \$681.61
includes a \$15.97 credit card fee.

Transaction Number 512229 @ 1/24/2014 3:04:17 PM

Electronic Fund Transfer Payment Entry

PRINT THIS PAGE FOR YOUR RECEIPT.

YOUR TRANSACTION NUMBER IS: 512229

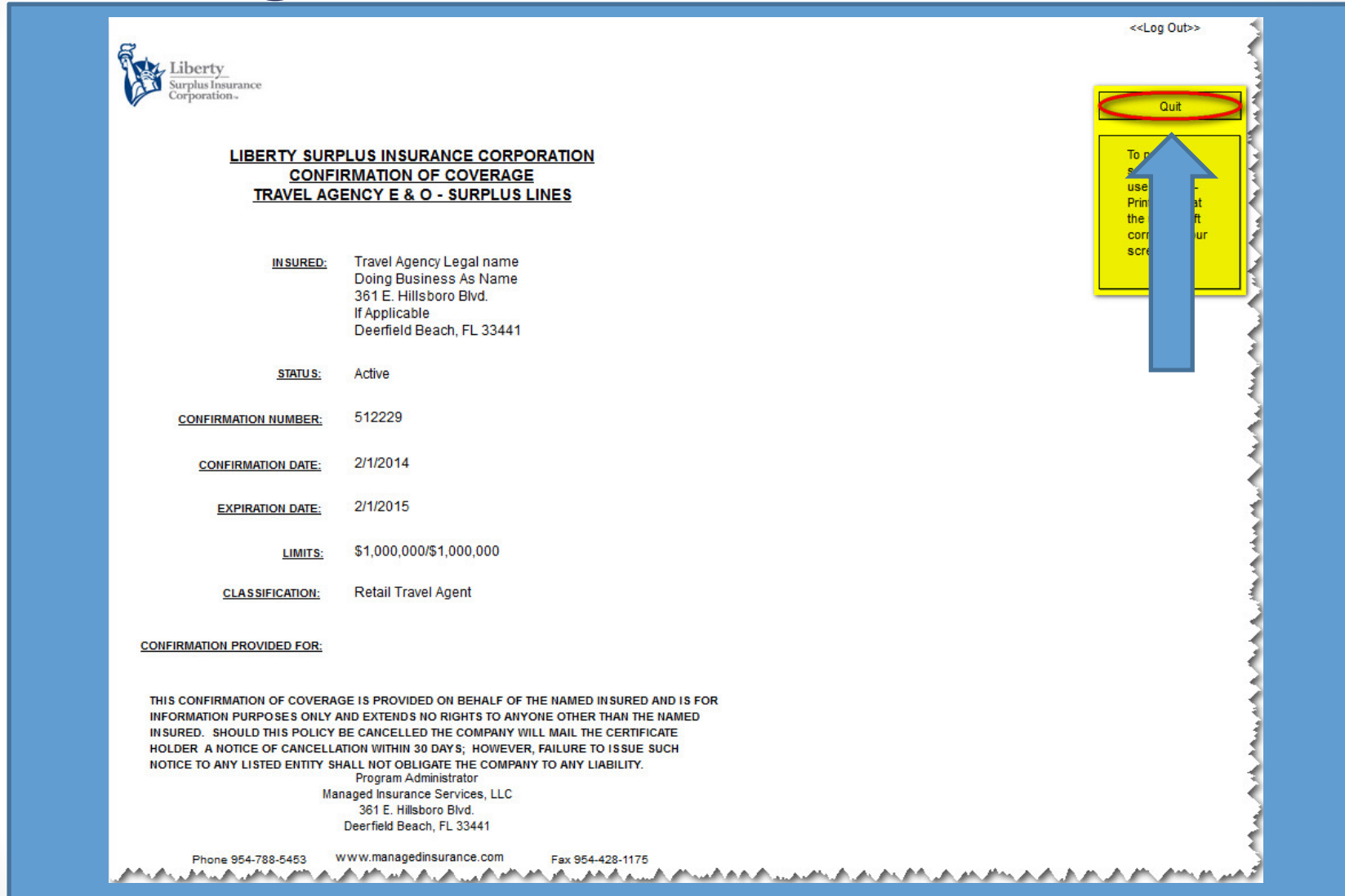
YOUR POLICY DOCUMENTS WILL BE SENT TO YOU SHORTLY.

Next

QUIT 175 Berkeley Street Boston, MA 02117

1. Use the browser's print option to print the payment confirmation screen.
2. Click on the **Next** button.

Coverage Confirmation



<<Log Out>>

 **Liberty**
Surplus Insurance
Corporation

LIBERTY SURPLUS INSURANCE CORPORATION
CONFIRMATION OF COVERAGE
TRAVEL AGENCY E & O - SURPLUS LINES

INSURED: Travel Agency Legal name
Doing Business As Name
361 E. Hillsboro Blvd.
If Applicable
Deerfield Beach, FL 33441

STATUS: Active

CONFIRMATION NUMBER: 512229

CONFIRMATION DATE: 2/1/2014

EXPIRATION DATE: 2/1/2015

LIMITS: \$1,000,000/\$1,000,000

CLASSIFICATION: Retail Travel Agent

CONFIRMATION PROVIDED FOR:

THIS CONFIRMATION OF COVERAGE IS PROVIDED ON BEHALF OF THE NAMED INSURED AND IS FOR INFORMATION PURPOSES ONLY AND EXTENDS NO RIGHTS TO ANYONE OTHER THAN THE NAMED INSURED. SHOULD THIS POLICY BE CANCELLED THE COMPANY WILL MAIL THE CERTIFICATE HOLDER A NOTICE OF CANCELLATION WITHIN 30 DAYS; HOWEVER, FAILURE TO ISSUE SUCH NOTICE TO ANY LISTED ENTITY SHALL NOT OBLIGATE THE COMPANY TO ANY LIABILITY.

Program Administrator
Managed Insurance Services, LLC
361 E. Hillsboro Blvd.
Deerfield Beach, FL 33441

Phone 954-788-5453 www.managedinsurance.com Fax 954-428-1175

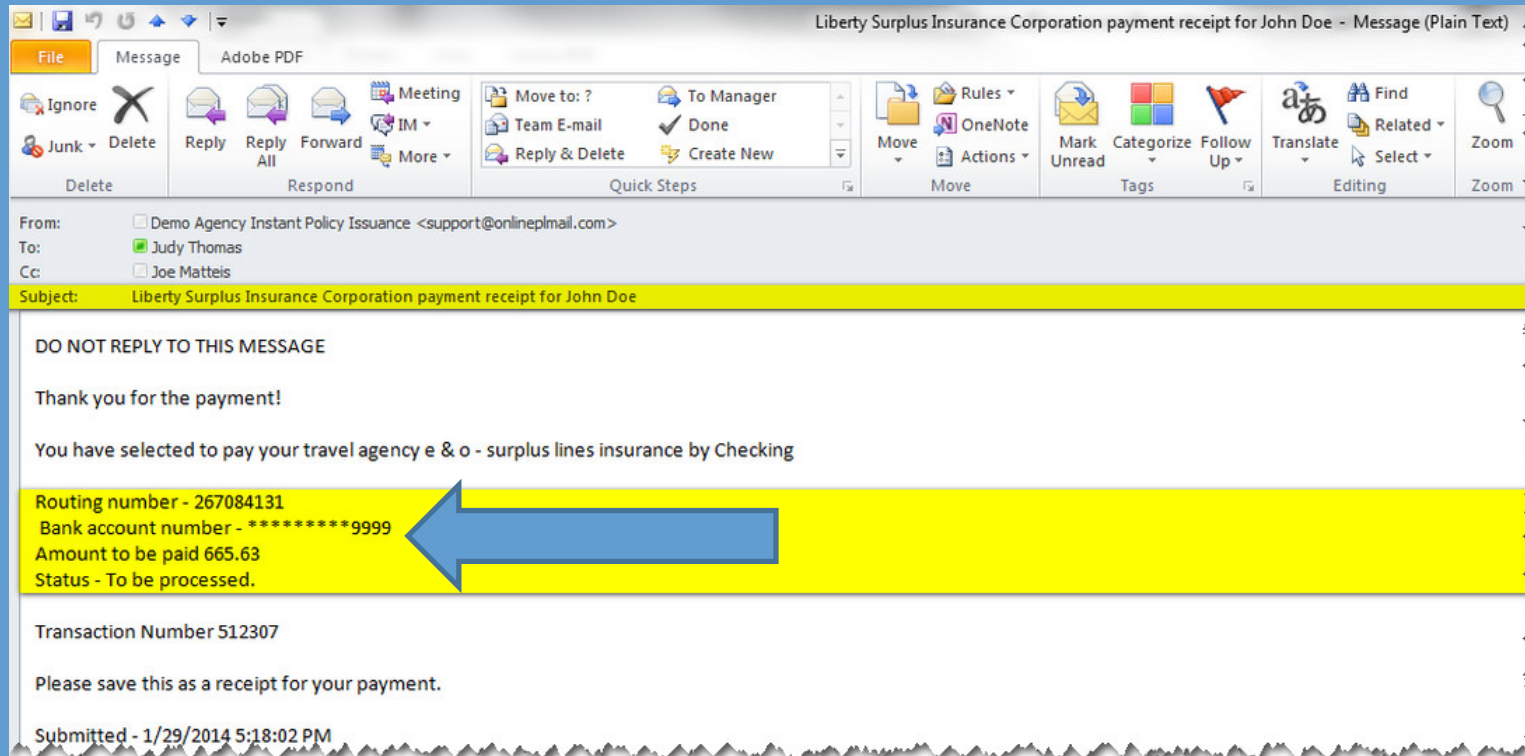
Quit
To print this page, please use the Print button at the bottom of the screen.

1. Use the browser's print option to print the coverage confirmation.
2. Click on the **Quit** button in the top right corner of the screen to exit.

EMAILS

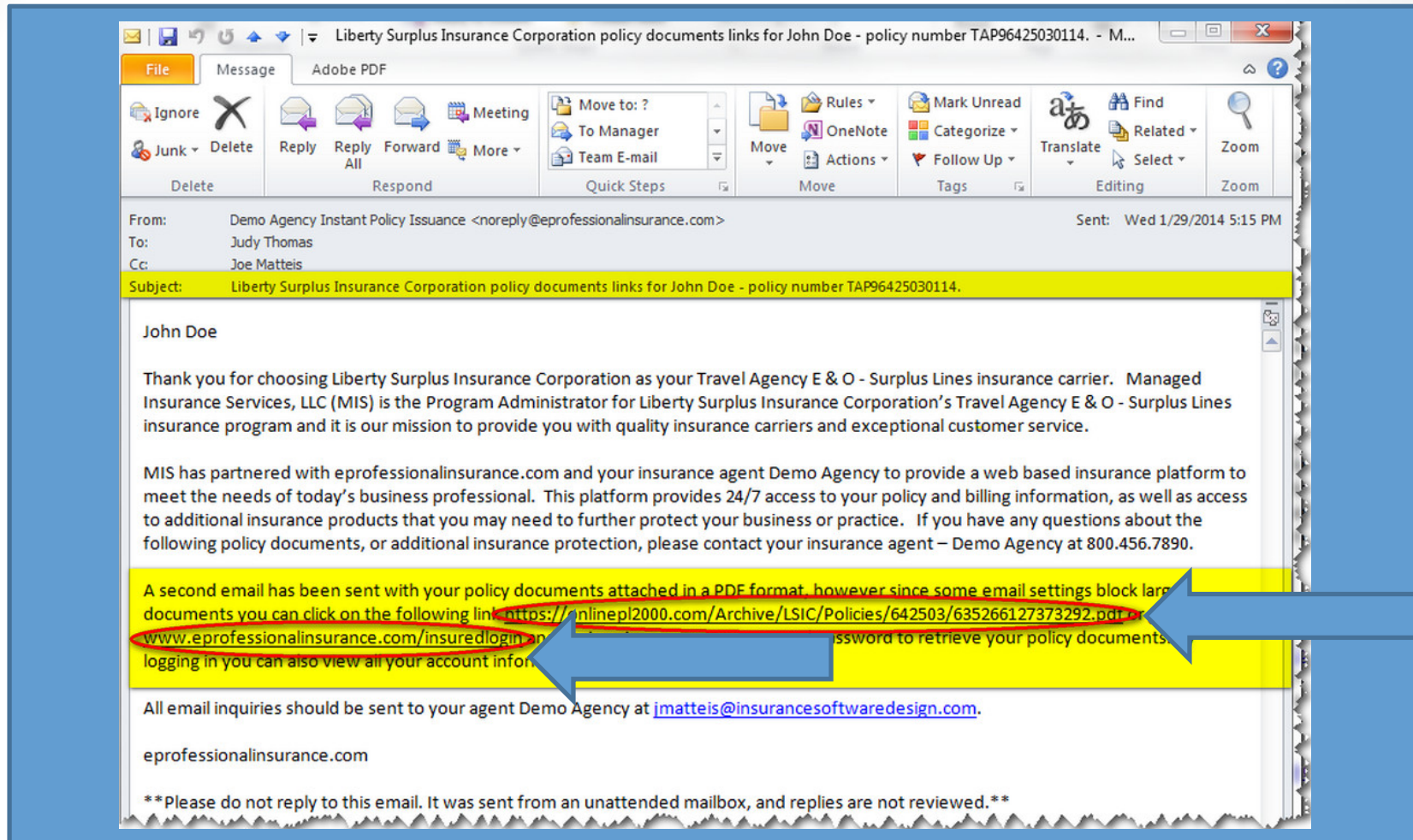
- This section explains the purpose of the auto-generated email confirmation receipts and policy document emails that follow payment.

Payment Receipt/Confirmation



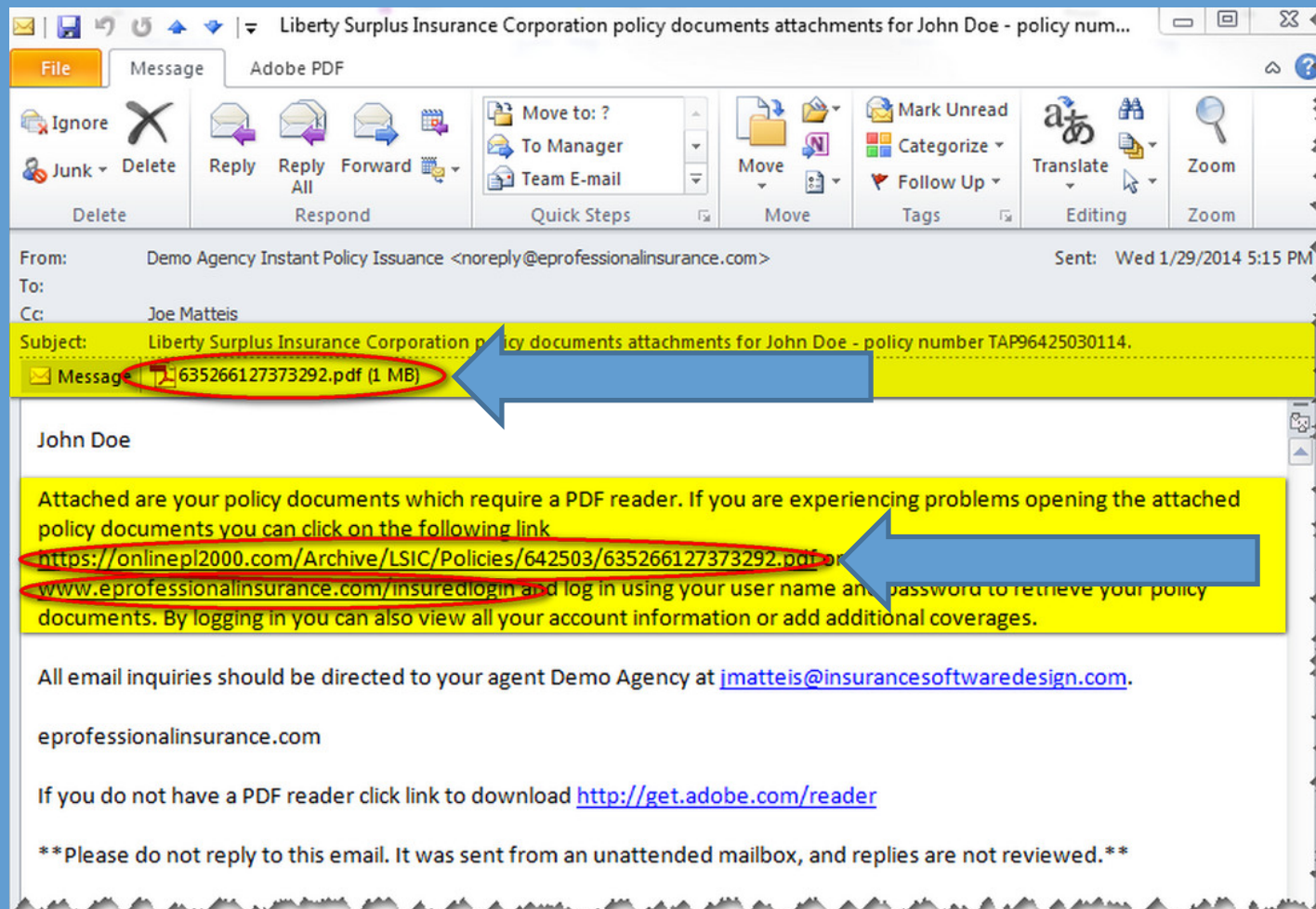
1. Review the information contained in the payment receipt email, noting the applicant's routing, bank account and transaction number, as well as the amount paid.
2. Retain this email as a receipt of payment.

Policy Document Links



1. Review the email, noting the applicant's policy number, links to policy documents on the web and email inquiry contact information.
- 2a. Click on the hyperlink provided to view the policy documents, or
- 2b. Log on to the portal using the URL provided

Policy Document Attachments



1. Review the attached policy documents.