

# TUTORIAL: Process Travel Agency E&O Application Details Online

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# **PROCESS TRAVEL AGENCY E&O APPLICATION DETAILS ONLINE TUTORIAL**



**SOP#:** \_\_\_\_\_ **Revision/Version:** 1.0  
**Effective Date:** 2013

**Prepared By:** Technical Writer Judy Thomas

**Approved By:** CEO Daniel O'Neal

**Title:** TUTORIAL: Process Travel Agency E&O Application Details Online

**Policy:** This tutorial serves as a standard operating procedure for processing travel agency E&O application details online.

**Purpose:** To provide the insurance agent and applicant with instructions for processing travel agency E&O application details online.

**Scope:** This tutorial covers processing travel agency E&O application details online.

**Responsibilities:** Insurance agents and applicants are responsible for processing application details for travel agency E&O applications.

**Definitions:**

**Overview:** This tutorial was created in 2013 to help insurance agents process application details online.

# System Requirements

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## **System Requirements**

**This tutorial assumes that the user:**

1. Has access to the internet

## **Browsers and Operating Systems:**

OnLine-PL is optimized to work on all of the following, prominent browsers:

- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Allied Health Application works best on all of the following operating systems:

- Windows XP or greater
- Mac OS X, 10.5 or greater

## Overview

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### **Overview:**

This document was developed to assist agents in processing application details in travel agency E&O applications.

This document contains one section:

- **I. Process Application Details**

### **RELATED TUTORIALS:**

- TUTORIAL: Generate Travel Agency E&O Indication OnLine-PL
- TUTORIAL: Bind, Pay By Check | Issue Policy
- TUTORIAL: Bind, Pay By Credit Card | Issue Policy
- TUTORIAL: Confirmation And Policy Document Emails

## **PART I--PROCESS APPLICATION DETAILS**

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### **PART I--GENERATE INDICATION**

This section illustrates how to begin an initial indication submission request through OnLine-PL.

# 1. Process Application Details | Insured Address

## Process Applications Details | 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? [Dropdown]

(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: [Text Field]

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

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

12763

Previous Next Quit

1. Type the applicant's address into the insured address field.
2. Type the applicant's mailing address into the designated field, if applicable.
3. Type the applicant's building/suite into the designated field, if applicable.
4. Type the applicant's building/P.O. Box into the designated field, if applicable.
5. Review the applicant's populated data to ensure it's accuracy.

## 2. Process Application Details | Branch

### Process Application Details | 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: 333-333-3333, Phone: 555-555-5555, 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? 1 (selected)  
(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

Travel Agency Tour Operator E&O Program  
Your Annual Professional Liability Premium is \$666  
12785

Previous Next Quit

1. Click to select the applicant's number of locations from the dropdown menu.
2. If selected  $\geq 2$  to the question above, type the branch information into the appropriate fields.  
**NOTE:** Provide a branch entry for every branch, aside from the primary.
3. Click on the **Next** button. The Process Application Details | Subsidiaries page displays.

### 3. Process Application Details | Subsidiaries

#### Process Application Details | Subsidiaries

The screenshot shows a web application interface for a 'Retail Travel Agency' under the 'Travel Agency E&O Insurance' program. The top header includes the company logo 'your company name' and contact information: 'Company Name, 123 Main Street, Anytown, USA 12345, Phone: 445.555-1212'. A banner image shows a couple sitting on a beach. The main form area is titled 'Retail Travel Agency' and contains several sections of questions and input fields. A yellow box on the right displays 'Travel Agency Tour Operator E&O Program' and 'Your Annual Professional Liability Premium is \$666'. Navigation buttons for 'Previous', 'Next', and 'Quit' are visible at the bottom.

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	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> 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: <input type="radio"/> Yes <input checked="" type="radio"/> No Liabilities: <input type="radio"/> Yes <input checked="" type="radio"/> 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

12828

Quit

1. Click to select whether the applicant is owned by or has common ownership with any other company or organization. **NOTE:** If answered "Yes" to the previous question, type an explanation into the following field.
2. Click to select whether the applicant has any subsidiaries. **NOTE:** If answered "Yes" to the previous question, complete a line entry for each subsidiary that exists.
3. Click to select whether the applicant has changed its name, acquired any business or merged with any other entity with the past five years. **NOTE:** If answered "Yes" to the previous question, complete an entry for every additional entity name that exists.
4. Type the details of any liabilities assumed by the applicant into the designated field, if applicable.
5. Type all applicant owned domain names and websites into the designated field, if applicable.
6. Click on the **Next** button. The Process Application Details | Employees page displays.

## 4. Process Application Details | Employees

### Process Application Details | 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

Travel Agency  
Tour Operator E&O Program

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

Previous Next

12785 Quit

1. Click to select whether the applicant's websites advertise products or services that are not their own.  
**NOTE:** If answered "Yes" to this question, type additional details into the designated field.
2. Click to select the applicant's number of full-time employees from the designated dropdown menu.  
**NOTE:** Select "0" if the applicant doesn't have full time employees.
3. Click to select the applicant's number of part-time employees from the designated dropdown menu.  
**NOTE:** Select "0" if the applicant doesn't have time employees.
4. Type the applicant's number of independent contractors into the designated field.  
**NOTE:** Type "0" if the applicant doesn't have independent contractors.
5. Click on the **Next** button. The Process Application Details | Operation page displays.

## 5. Process Application Details | Operation

### Process Application Details | 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**

1. Click to select whether the applicant is a member of any industry association, consortium or franchise.  
**NOTE:** If answered "Yes" to the previous question, type additional details into the designated field.
2. Click to select whether the applicant holds any appointments with ARC, IATAN, or CLIA.
3. 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 answered "Yes" to this question, type an explanation into the designated field.
4. Click to select whether the applicant is requesting internet bookings coverage.
5. Click on the **Next** button. The Process Application Details | Revenue Information Page 1 displays.

## 6. Process Application Details | Revenue Information Page 1

### Process Application Details | Revenue Information Page 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 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 is > 0.

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 (XXXXXX, without a dollar sign or commas) into the designated field.
3. Type the percentage of annual gross sales that can be attributed to all of the categories listed.  
**NOTE:** A "0" must be entered if no sales can be attributed to a particular category.
4. If the applicant typed anything other than "0" for questions d-f, type additional information into the designated field.
5. Click on the **Next** button. The Process Application Details | Revenue Information Page 2 page displays.

## 7. Process Application Details | Revenue Information Page 2

### Process Application Details | 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**

Previous **Next** Quit

1. Review the populated data to ensure that the previously entered information is correct.
2. Click to select whether 10% or more of the applicant's gross receipts are derived from bookings with one particular supplier. **NOTE:** If answered "Yes" to this question, type the complete supplier information into the designated field.
3. Click to select whether the applicant is a host travel agency.
4. Click on the **Next** button. The Process Application Details | Coverage page displays.

## 8. Process Application Details | 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.

<input checked="" type="checkbox"/> Have never been denied coverage	<input type="checkbox"/> Lack of experience or length of time in business
<input type="checkbox"/> Underwriting reasons	<input type="checkbox"/> Size of operation too small
<input type="checkbox"/> Insurance Company no longer able to write business in your state	<input type="checkbox"/> Other - (including non-payment)
<input type="checkbox"/> Claims experience	
<input type="checkbox"/> 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

Quit

1. Type the requested current and/or prior coverage information into the corresponding fields. The applicant may provide up to three policies they have held over the past three years. **NOTE:** Type N/A into the fields if the applicant does not possess current or prior coverage.
2. Click to select whether the applicant has general liability coverage.
3. Click to select all of the reasons that apply to whether an applicant's insurance has ever been canceled or denied coverage. **NOTE:** If the applicant selected "Other" in response to this question, type an explanation into the designated field.
4. Click on the **Next** button. The Process Application Details | Additional Coverage page displays.

## 9. Process Application Details | Additional Coverage

### Generate Indication | Additional Coverage

**NOTE:** This page only applies if the applicant needs to insure additional people.

1. Type the applicant's insured name into the field.
2. Click to select the additional insured's insurance type from the dropdown menu.
3. Type the additional insured's street address into the designated field.
4. Type the additional insured's city into the designated field.
5. Click to select the additional insured's state from the dropdown menu.
6. Type the additional insured's five-digit zip code into the designated field.
7. Click on the **Add** button.
8. Repeat steps 1-7 until all additional insureds have been entered.
9. Click on the **Next** button. The Process Application Details | History page displays.

## 10. Process Application Details | History

### Generate Indication | 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:

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

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 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

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**

1. Review the populated data to ensure that the previously entered information is correct.
2. Click to select whether any of the applicant's officers, principals, partners, directors or professional employees have had their license(s) or certification(s) suspended or revoked within the past five years.
3. Click to select whether the applicant, their predecessors in business, affiliates, or any past or present partners, owners, officers, independent contractors or employees have been investigated and/or cited by any regulatory agency, certifying body or other governmental entity.
4. Click to select whether the applicant is aware of any occurrence which can be reasonably expected to result in a claim against the applicant.
5. Click on the **Next** button. The Process Application Details | Occurrence Policy page displays.

# 11. Process Application Details | Occurrence Policy

## Generate Indication | Occurrence Policy

**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**

Your Annual Professional Liability Premium is

**\$666**

Previous Next Quit

1. Click to select whether the applicant is aware of any occurrences which can be expected to result in a claim against any applicant.
2. Click to select whether the applicant or any of its predecessors, etc., have been investigated and/or cited by any regulatory agency, certifying body or other governmental entity.
3. Click to select whether any claims, suits or proceedings have been brought against the applicant or its predecessors in business, affiliates, or any past or present partners, owners, officers, independent contractors or employers over the last five years.
4. Click on the **Next** button. The Process Application Details | Professional Liability Quote Indication page displays.

## 12. Process Application Details | Prof. Liability Quote Indication

### Generate Indication | 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	\$600.00
Add'l Coverage Premium	\$0.00
Policy Fee	\$25.00
Taxes & Fees	\$40.63
<b>Total</b>	<b>\$665.63</b>

Coverages	
Click on Coverage to "Omit"	
<b>Included</b>	
General Liability	\$1,000,000/\$1,000,000
Fire Legal Liability	\$ 50,000
<b>Additional</b>	
<b>Independent Contractors</b>	
Total Additional Coverage's \$0	

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

Your Annual Professional  
Liability Premium is

**\$666**

[Get Rate](#) Total Annual Premium for your Professional Liability Policy WITHOUT Additional Coverages \$665.63 [Print Quote](#) [Previous](#) [Next](#) [Quit](#)

1. Click on the **Print Quote** button. The Process Application Details | Print page displays.

# 13. Process Application Details | Print

## Generate Indication | Print



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



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

 Previous

Applicant	Agency
Travel Agency Legal Name Deerfield Beach, FL 33441	Your Travel Association Logo Can Be Here Address Address2 City, AZ 12345

Annual Receipts: \$1,000,000	Policy: \$1,000,000/\$1,000,000
Effective Date: 02/01/2014	Deductible On: Indemnity Only
Expiration Date: 02/01/2015	Deductible: \$25,000
Classification: Retail Travel Agent	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-1211 - General - Independent Contractors	\$0
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Quote is valid for 30 days from 1/23/2014 . If you have any questions please contact your agent. If you don't have an Agent, we will provide you with one.

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. The Process Application Details | Professional Liability Quote Indication page displays.

# 14. Process Application Details | Prof. Liability Quote Indication

## Generate Indication | Professional Liability Quote Indication

The screenshot shows a web application interface for a Professional Liability Quote Indication. At the top left is the logo for 'your company name' with a stylized globe icon. To its right is the company contact information: 'Company Name', '123 Main Street', 'Anytown, USA 12345', and 'Phone: 445.555-1212'. On the top right, there is a banner for 'Travel Agency E&O Insurance' with an image of a couple on a beach. Below the header is a yellow bar with the text 'Retail Travel Agency' on the left and 'Screen 12 of 14' on the right. The main content area is divided into three sections. The left section, titled 'Professional Liability (PL) Quote Indication', contains a table of policy details: 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), and Expiration Date (02/01/2015). Below this is a summary of costs: Annual PL Premium (\$600.00), Add'l Coverage Premium (\$0.00), Policy Fee (\$25.00), Taxes & Fees (\$40.63), and a Total of \$665.63. The middle section, titled 'Coverages', has a sub-header 'Click on Coverage to "Omit"'. It lists 'Included' coverages: General Liability (\$1,000,000/\$1,000,000) and Fire Legal Liability (\$ 50,000). Below this is an 'Additional Independent Contractors' section with a scrollable list area and a 'Total Additional Coverage's' of \$0. The right section is a yellow box titled 'Travel Agency Tour Operator E&O Program' containing a large box that says 'Your Annual Professional Liability Premium is \$666'. At the bottom of the interface are several buttons: 'Get Rate', 'Print Quote', 'Previous', 'Next' (circled in red), and 'Quit'. A status bar at the very bottom shows 'Total Annual Premium for your Professional Liability Policy WITHOUT Additional Coverages \$665.63'.

1. Click on the **Next** button. The Process Application Details | Fraud Statement page displays. **NOTE:** This page will vary from state to state.

# 15. Process Application Details | Fraud Statement

## Generate Indication | 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**

Previous **Next** Quit

1. Review the fraud statement thoroughly. **NOTE:** The statements will differ from state to state.
2. Click on the **Next** button. The Process Application Details | Applicant's Reps/Authorization page displays.

## 16. Process Application Details | Applicant's Reps/Authorization

### Generate Indication | 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

Previous Next

Quit

1. Type the authorized representative's first name into the designated field.
2. Type the authorized representative's last name into the designated field.
3. Click on the **Next** button. The Process Application Details | Provide Email or Mobile Info page displays.

# 17. Process Application Details | Provide Email or Mobile Info

## Generate Indication | 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 johndoe@gmail.com

Authorized representative cell provider ATT

Authorized representative cell 555-555-5555

**SUBMIT AUTHORIZATION** Previous Quit

I, John Doe as the authorized representative of Travel Agency Legal Name acknowledge that I have read and understand the APPLICANT'S REPRESENTATIONS AND AUTHORIZATION statements.  
I agree to receive any and all information regarding my coverage via electronic mail or email.

1. Type the applicant's email address or cell phone provider and number into the designated fields.
2. Click on the **Submit Authorization** button. The authorization code is sent to the applicant in the form of an email or text message, and a yellow field appears on the right side of the page.

# 18. Process Application Details | Type Code/Provide Signature

## Generate Indication | 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  Last Name

Authorized representative email

Authorize Via

Authorized representative cell provider

OR

Authorized representative cell

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

**SIGN DOCUMENT**

Your iQsignature Receipt



John Doe  
iQsignature

1. Type the authorization code into the field.
2. Click on the **Sign Document** button. An IQ Signature Receipt appears in the field.
3. Use a QR Code app on a smart phone to download the receipt, if applicable.
4. Click on the **Next** button. The Generate Indication | Pay and Issue page displays.

## 19. Process Application Details | Pay and Issue

### Generate Indication | 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 tr9362

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

To bind coverage, please click Pay and Issue 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.

**Pay and Issue**

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

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

Previous

Quit

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

This concludes the Process Application Details portion of this tutorial.

## **PART II--SELECT PAYMENT**

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### **PART II--SELECT PAYMENT**

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

# 1. Process Application Details | Select Payment Type

## Process Application Details | Select Payment Type



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

Travel Agency E&O Insurance 

Travel Agency Legal Name  
How do you wish to pay?

Attention: Monthly Payment Plan only available with pay by check option via automated monthly withdrawal.

**Pay By Check**      **Pay By Credit Card**

Electronic Funds Transfer.  
Payment in full or monthly payments  
from your checking account.

Payment In Full. Please be advised  
that a 2.4% convenience fee will be  
added.

Congratulations, your policy is available for Liberty Surplus Insurance  
Corporation payment plan for Travel Agency E & O - Surplus Lines and is only  
available thru automated monthly withdrawal from you checking account. The  
payment plan is NOT available with use of your credit card.



**SELECT PAYMENT**

Select method of payment

[Back to Application](#)  
Returning to application will delete any billing information.

QUIT      175 Berkeley Street Boston, MA 02117

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

1. Click on the **Pay By Check** OR **Pay By Credit Card** link.
2. Proceed to the Bind, Pay By Check | Issue Policy OR Bind, Pay By Credit Card | Issue Policy tutorial.

This concludes the Select Payment portion of this tutorial.

## Revision History

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### Revision History

Revision:	Date:	Requested By:	Description of Changes:	Signature