



Marsh Canada Limited
 120 Bremner Boulevard, Suite 800 Toronto,
 Ontario M5J 0A8
 Telephone: 416 349 3612
 Toll free: 1 844 493 4992
 Email:businessinsurance.travel@marsh.com



Manulife Sponsored Travel Agency Business Insurance Program Application

Please do not print, scan or fax the application, email completed application to businessinsurance.travel@marsh.com if submit button does not work

1. GENERAL INFORMATION	
(a) Policy Effective Date (mm-dd-yyyy): *	(b) Previous Insurer: <input type="checkbox"/> Northbridge <input type="checkbox"/> Other <input type="checkbox"/> N/A Policy Retro Date (mm-dd-yyyy): * <small>If you do not know your retro date, enter policy effective date. Keep a copy of your prior policy as they may affect claims paid by this policy.</small>
(c) Named Insured: *	
(d) Operating Business As:	
(e) Mailing Address: *	Street:
	City:
	Province:
	Postal Code
(f) Contact :*	Salutation:
	First Name:
	Middle Name:
	Last Name:
	Email:
	Tel1:
	Cell:
	Fax:
(g) Are you currently selling Manulife Travel Insurance Products exclusively? (Please note, Exclusive agencies qualify for preferred / discounted pricing)*	Yes No
(h) Do you act as a:	(i) Franchisor?
	(ii) Franchisee?
(i) How many licensed agents are on staff: *	(i) Employees:
	(ii) Independent Contractors:
(j) Please indicate the Total Annual Commission Income (This is not your total sales): * \$	
(k) Please indicate the Total Revenue (This is your total gross sales): * \$	
(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 ONLY.
	(ii) Tour Operations or Wholesale Travel % if any, complete Section 4 ONLY.
2. E&O LIMITS AND DEDUCTIBLE OPTIONS	
(a) Please select your limit of E&O: *	<input type="checkbox"/> \$500k/\$2mil - Independent Contractors Only <input type="checkbox"/> \$1mil/\$1mil <input type="checkbox"/> \$1mil/\$2mil <input type="checkbox"/> \$2mil/\$2mil <input type="checkbox"/> \$2mil/\$4mil <input type="checkbox"/> \$5mil/\$5mil
(b) Please select your Deductible of E&O: *	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$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?	Yes	No	N/A
--	-----	----	-----

(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%)** : *

a) Africa	%	b) Arctic/ Antarctic	%
c) Asia	%	d) Australia/ New Zealand	%
e) Caribbean	%	f) Europe – Western	%
g) Europe – Eastern	%	h) Middle East	%
i) Mexico	%	j) South America	%

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

a) Afghanistan	%	b) Burma (Myanmar)	%
c) Colombia	%	d) Haiti	%
e) India	%	f) Indonesia	%
g) Iraq/Iran	%	h) Israel	%
i) Pakistan	%	j) South Sudan	%

(e) Does the Applicant ever enter into any charter agreements with any:	Air transportation vendors	Yes	No
	Cruise/ vessel companies:	Yes	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	Yes	No
	(ii) Collecting Certificate of Insurance from all vendors?	Yes	No
	(iii) On-site representatives?	Yes	No
	(iv) Emergency Hot-Lines?	Yes	No
	(v) Sale of Travel Insurance?	Yes	No
	(vi) Operations Manual – Written procedures?	Yes	No
	(vii) Loss Control Manual – written procedures?	Yes	No
	(viii) Use of preferred suppliers?	Yes	No
	(ix) Continuing education requirements and/or certification programs?	Yes	No
	(x) Crisis Management Plan?	Yes	No

If NO to any of the above, please explain:

(b) Applicant has a written, standardized Vendor Selection process?	Yes	No
---	-----	----

If NO, please explain:

If YES, please check which of the following due diligence procedures are included in this 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

6. WARRANTY STATEMENT

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

If YES, please explain:

(b) In the last five years, has any claim ever been made against the Applicant or any of the Applicant's employees or independent contractors? * Yes No

If YES, please provide full details on a separate sheet, 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, or any of the Applicant's employees or independent contractors, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim? * Yes No

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) or in response to Question (16) on the Miscellaneous Errors and Omissions Liability Insurance Application Form, 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) Have you had any Property or General Liability claims in the past 5 years? * Yes No N/A - Independent Contractor

If YES please explain

(b) Please select your limit of General Liability: *
\$1mil \$2mil \$5mil N/A - Independent Contractor

(c) Business Interruption ALS (Actual Loss Sustained) Revenue Band: \$ Premium: \$

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

BUILDING 1 - PRINCIPAL LOCATION

(a) Do you own or rent the location of your business? (Different than your home) Own Rent No

(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 Limit Required	Contents Limit Required
(e) Do you require 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 second 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 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 Limit Required	Contents Limit Required
(e) Do you require 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 third 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 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 Limit Required	Contents Limit Required
(e) Do you require 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 fourth 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		
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 Limit Required		Contents Limit Required
(e) Do you require 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		
(a) Do you own or rent the fourth 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		
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 Limit Required		Contents Limit Required
(e) Do you require 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		

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 press SUBMIT	Date (mm-dd-yyyy)
--	----------------------