

<b>Policy No:</b> (if applicable)	
<b>Insured's Name</b>	
<b>Business Operation</b>	
<b>Description of Operations:</b>	
<b>Sales:</b>	Total direct sales for tours \$ _____ + % of total sales
	If wholesale activities, we require total sales to other travel agents + type of activity (tickets, tours, etc.)
	\$ _____
<b>Destinations:</b>	Local <input type="checkbox"/> , Canada <input type="checkbox"/> , US <input type="checkbox"/> , and Europe <input type="checkbox"/> , Other:
<b>Direct Tours Escorted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No      + % Escorted:
<b>Number of Trips per Month:</b>	
<b>Duration of Trips:</b>	Minimum: _____ Maximum: _____
<b>Number of People per Tour:</b>	
<b>Student Tours – Schools:</b>	
<b>Adventure/Hazardous Tours:</b>	
<b>Concert Tours and Type:</b>	
<b>Special areas or type of tours (i.e.: Seniors)?:</b>	
<b>Foreign Employees?</b>	Duties: _____
<b>Mode of Transportation:</b>	
<b>Inbound Tours:</b>	

**IMPORTANT NOTE: PLEASE INCLUDE BROCHURES/MARKETING MATERIALS WITH THIS RENEWAL.**