



TRAVEL INSURANCE PROGRAM APPLICATION



Policy No:				Or New <input type="checkbox"/>
Name of Travel Company:				
Applicant:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
ACTA Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member #: <i>(Required for discount)</i>	Consortium:	
Present Management	Date assumed control of the company? _____ Yrs. experience _____			
Legal Address:		City	Prov./Terr.	PC
Mail Address:		City	Prov./Terr.	PC
Phone:	Business:		Home:	Cellular:
Fax:	Business:		Home:	
E-mail:				Website:

For branch locations, please use separate applications. Thank you.

Business Operation (Please complete for all locations combined)

Licensed Travel Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province/Territory:	
Type of Operation	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail & Wholesale % Retail ____ % Wholesale ____		
Tour Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your company design and/or package your own tours? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "yes", enclose brochures and complete the "Tour Operator Questionnaire"</i>	
		Does your company sell its own tours to other travel agents? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If "yes", enclose brochures and complete the "Tour Operator Questionnaire"</i>	
Student/Adven.	Is your company actively involved in packaging own of student or adventure tours? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please complete the "Supplemental Questionnaire"</i>		
Sales Last Year	Total gross sales? \$	Total air ticket sales? \$	
Current Year	Total anticipated sales? \$		
Travel Medical	Does your agency offer any kind of travel medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, total annual revenue? \$		
	Are employees who sell travel medical insurance licensed to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, explain -		
Licensed Agents	How many licensed insurance agents on staff?		
Employees	Salaried: # Fulltime: #Part-time:	Commissioned: # Fulltime: #Part-time:	
Owners	Number active owners:		Number inactive owners:
Contractors	Number independent contractors:		Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Businesses	Do you or does your company have an interest in or operate any other business? If so, please explain.		
	Is insurance in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		



CMW Insurance Services Ltd.
 700-1901 Rosser Avenue, Burnaby, BC V5C 6R6
 P: 604.294.3301 F: 604.294.3003 TF: 1.800.263.3313



Building Information: Construction Class Descriptions

Replacement or reconstruction costs noted below represent estimated minimum costs and are not intended to take the place of a certified appraisal. Individual buildings may contain unique features, attachments or configurations requiring separate appraisal.

1 Fire-Resistive

Walls, floors and flat roof of solid masonry, reinforced concrete or other non-combustible material with high fire resistive rating. No structural steel unless steel protected by standard thickness of fire resistive insulation. Minimum \$125 per square foot.

4 Masonry

Solid brick, stone, concrete block or hollow tile walls with wood joist peak roof, including "steel on steel" and "mill" type construction. Minimum \$100 per square foot.

2 Non-Combustible

Solid masonry walls with flat steel deck roof, concrete floors and/or other unprotected structural steel. Minimum \$125 per square foot.

5 Masonry Veneer

Frame building with brick veneer, stone or other masonry veneer with wood joist peak roof. Minimum \$95 per square foot.

6 Frame

Includes stucco, rough cast, metal clad, vinyl siding with wood joist peak roof. Minimum \$90 per square foot.

Location Description (Complete for each location)

Location:		<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Building: \$ <i>(If owned)</i>	Total Contents including Tenants Improvements: \$ <i>(Please complete Inventory Sheet)</i>		
Computer Hardware & Software: \$ <i>(Included in above Contents limit)</i>	Laptops: \$	Rental Income: \$ <i>(Only if required)</i>	
No. of stories:	Construction code: <i>(see guide above)</i>		
Occupancy: <input type="checkbox"/> Single <input type="checkbox"/> Multiple	Your Occupancy:		
Other Occupants:		Mortgagee/Additional Insured:	
Year Built:	Your Area in Sq Ft:	Additions and Renovations:	Date(s)
Type of Heating:	<input type="checkbox"/> Forced air	<input type="checkbox"/> Steam	<input type="checkbox"/> Electric
Type of Air Conditioning:	<input type="checkbox"/> None	<input type="checkbox"/> Central	<input type="checkbox"/> Window unit
Alarm Protection:	<input type="checkbox"/> Monitored	<input type="checkbox"/> Fire	<input type="checkbox"/> Burglar <i>Please provide Certificate for Monitored Alarm</i>
Fire Protection:	<input type="checkbox"/> Hydrant within 500 ft.	<input type="checkbox"/> Fire hall within 5 km	<input type="checkbox"/> Unprotected <i>(more than 5 km from Fire Hall)</i>
Location Type:	<input type="checkbox"/> Strip mall	<input type="checkbox"/> Enclosed mall	<input type="checkbox"/> Stand-alone
Physical Barriers to Entry:	<i>Describe (bars, locks, etc)</i>		

Current Insurance

Current insurance company:			
Expiry date:	Expiry policy number:	Expiry premium:	
Has applicant ever purchased Errors & Omissions Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please indicate if existing Errors and Omissions is on a "Claims Made" form:			
If "Claims Made" what is the retroactive date of the policy?			

Claims History: State amount and date and cause of loss if applicable; use back of form if more space required

Applicant Signature		Date
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Signing this application form does not bind the applicant or the insurer to complete the insurance herein. The information provided on this application is the basis upon which the quotation will be calculated. Privacy Disclosure and Consent ~ I am applying for insurance coverage based on the information provided above. With respect to this application or any renewals or change to my coverage, I authorize you to collect, use, and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving information, and claims history.



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