

## Manulife Sponsored Travel Agency Business Insurance Program Application - New Business

Please complete this form electronically, avoid sending scanned documents or faxes.  
 Once completed, click the "Submit" button.

Please do not leave questions with mandatory mark \* empty

1. GENERAL INFORMATION	
a) Policy Effective Date *:	b) Previous Insurer*: Axis Other N/A Policy Retroactive Date: If you do not know your retro date, enter policy effective date. Keep a copy of your prior policy as it may affect claims paid by this policy.
c) Is the agency part of? *:	Manulife Transat Distribution Canada
d) Business Legal Name *:	
e) Operating Business As:	
f) Mailing Address *:	Street: City: Province: Postal Code:
g) Contact *:	Salutation: First Name: Middle Name: Last Name: Email: Telephone 1: Telephone 2: Fax:
h) Are you currently selling Manulife Travel Insurance Products exclusively?	Yes No
i) Do you act as a:	(i) Franchisor (ii) Franchisee
j) How many licensed agents are on staff:	(i) Employees: (ii) Independent Contractors:
k) Please indicate the total commission income in the last 12 months *:	\$
l) Please indicate the total gross sales in the last 12 months *:	\$
m) Please indicate the approximate percentage of last year's sales derived from (total must equal 100%) *:	(i) Retail Travel: – if any, complete <b>Section 3</b> % (ii) Tour Operations or Wholesale Travel – if any, complete <b>Section 4</b> %

2. E&O LIMITS AND DEDUCTIBLES OPTIONS					
Please select your limit of E&O *:	\$1mil / \$1mil	\$1mil / \$2mil	\$2mil / \$2mil	\$2mil / \$4mil	\$5mil / \$5mil
Please select your Deductible of E&O *:	\$1,000	\$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 <b>(total must equal 100%)*</b> :	(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 <b>(If you do not have any sales to the following categories please enter 0)*</b> :	(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
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d) What % of the applicant's tours / meetings go to the following locations <b>(total must equal 100%)*</b> :	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%)\***:

Africa	%	Arctic / Antarctic	%
Asia (other than southeast)	%	Australia / New Zealand	%
Caribbean	%	Europe – Western	%
Europe – Eastern	%	Middle East	%
Mexico	%	South America	%

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

Afghanistan	%	Burma (Myanmar)	%
Columbia	%	Haiti	%
India	%	Indonesia	%
Iraq / Iran	%	Israel	%
Pakistan	%	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) Select which of the following due diligence procedures are included in your vendor selection 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.

If these do not apply, please explain:

**6. WARRANTY STATEMENT**

a) Has the applicant, 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) Has the applicant, applicant's employees or independent contractors, had any Errors and Omissions claims in the past 5 years?  Yes  No

If "Yes", please provide full details, 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, 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), 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) Do you require E&O insurance only? If Yes, do not complete Section 7. Complete Signature Section and Click Submit  Yes  No

b) Have you had any Property or General Liability claims in the past 5 years?  Yes  No

If "Yes", please explain:

c) Please select your limit of General Liability\*:  \$1mil  \$2mil  \$5mil

d) Would you like a quote for Business Interruption Coverage (ALS – Actual Loss sustained)?  Yes  No  Other  No  Yes  No

e) Extra Expense Coverage for \$50,000 is included. Would you like a quote for higher limits?  Yes  No Limit: \$

**BUILDING 1 – PRINCIPAL LOCATION**

a) Do you own or rent the location of your business? (Different than your home)  Own  Rent

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/Condo Limit Required: \$ \_\_\_\_\_ Contents Limit Required: \$ \_\_\_\_\_
- e) Do you require Equipment Breakdown (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 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 Code: \_\_\_\_\_  
 Burglar alarm T type: \_\_\_\_\_

- d) Do you require more than \$40,000 in Business Contents coverage?  Yes  No  
**If "Yes", please give the following limits:** Building/Condo Limit Required: \$ \_\_\_\_\_ Contents Limit Required: \$ \_\_\_\_\_
- e) Do you require Equipment Breakdown (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 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 Code: \_\_\_\_\_  
 Burglar alarm T type: \_\_\_\_\_

- d) Do you require more than \$40,000 in Business Contents coverage?  Yes  No  
**If "Yes", please give the following limits:** Building/Condo Limit Required: \$ \_\_\_\_\_ Contents Limit Required: \$ \_\_\_\_\_
- e) Do you require Equipment Breakdown (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 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 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/Condo Limit Required: \$ Contents Limit Required: \$

e) Do you require Equipment Breakdown (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**

h) Do you own or rent the location of your business?  Own  Rent

i) Address:  
Street:  
City:  
Province:  
Postal Code:

j) Year built:  
Construction type:  
Total square feet:  
Year updated:  
Fire alarm type Code:  
Burglar alarm Type:

k) Do you require more than \$40,000 in Business Contents coverage?  Yes  No  
If "Yes", please give the following limits: Building/Condo Limit Required: \$ Contents Limit Required: \$

l) Do you require Equipment Breakdown (Boiler and Machinery) coverage?  Yes  No

m) Is the applicant responsible for snow removal?  Yes  No  
If "Yes", is a third party responsible for snow removal?  Yes  No

n) Building Name:

**If you have additional locations please contact us at [businessinsurance.travel@marsh.com](mailto: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](http://www.marsh.ca). By signing this form you are consenting to the statements above.

Name: Date

**IMPORTANT NOTICE**

**Please click the "Submit" button once completed and you will be directed to an email with this form attached.**