



UNIVERSAL UNDERWRITING MANAGERS LTD.

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Application for Travel Agents' Errors & Omissions Liability In Respect of Their Sale of Travel Medical Insurance Only

Please answer all questions as completely as possible. If a question is not applicable to your situation, write N.A. If insufficient space, please attach a separate sheet.

1. Name of Applicant: (Legal Name) _____

Contact Person: _____ Phone: _____ Fax: _____

Mailing Address: _____

Main Location: _____

Number of Branch Offices: _____

Location of Branch Offices: _____

2. Full Names of Principals & all Partners _____ Years of Experience _____

3. Total Number of:

a) Working Partners or Directors: _____

b) Managers: _____

c) Clerical Staff: _____

d) Others (give details): _____

4. Gross Receipts Sales of Travel Tickets: _____

Sales of Travel Tours: _____ % of Own-Organized Tours: _____
(Charter tours or as a tours wholesaler)

Sales of Travel Insurance: _____ % of Tours to USA _____
(Premium Volume)

Sales of Others: _____

5. a) No. of years the applicant has been in business. _____

b) No. of years the applicant has been selling Travel Medical Insurance _____

6. What professional organizations are you associated with? _____

7. Do you engage in business activities other than those of a travel agent? Yes No

If yes, give details: _____

Property Insurance Application

A. Underwriting Information:

1. Age of Building _____
2. No. of Storeys _____ Total no. of units _____ Applicant's Sq. Footage _____
3. Construction: Fire Resistive Frame Masonry/ Non Combustible Others
Please specify for others _____

4. Building Information

	Type	Update Information, if building is over 25 years old
Electrical:	Fuses <input type="checkbox"/> Breaker <input type="checkbox"/>	
Heating		
Roof		
Plumbing		

5. Sprinklered: Yes No Housekeeping: Good Fair Poor
6. Distance from Hydrant _____m., from Fire Hall _____ km, Pay , Voluntary , Part-time firehall
7. Fire Extinguishing & Maintenance Contract: Yes No UL300 Compliant: Yes No
Steam Cleaning Contract Semi-Annually: Yes No
8. List all tenants in this Building, by type _____

9. Burglary Protection: Local Alarm Central Monitor Alarm Monitored by: _____
Alarm System: ULC approved: Yes No Dedicated Lines: Yes No
Class II safe
10. Property loss(es) in the past 5 years: _____
11. Additional Information _____

B. Coverage Required

- Broad Form Named Perils Form Fire Only Form
 Earthquake Flood Sewer Backup Replacement Cost except Stock Actual Cash Value

i	Building	\$
	Include Blanket Bylaws Coverage: Yes <input type="checkbox"/> No <input type="checkbox"/>	Max. 15% of Building Limit
ii	Equipment, Tenant Improvement & Stock	\$
	Customers Goods	\$
	Consequential Loss	\$
iii	Transit	\$
iv	Business Interruption	\$
	Gross Earnings <input type="checkbox"/> Co-Insurance _____%; No-Co Earnings <input type="checkbox"/> Profits Form <input type="checkbox"/> Include Ordinary Payroll: Yes <input type="checkbox"/> No <input type="checkbox"/>	
v	Extra Expenses	\$
vi	Auditors Fees	\$
ix	Rental Income (100% co-insurance, 12 months)	\$
x	Crime: In/Out Robbery	\$
	Weekend Endorsement	\$
	Broad Form Money	\$
	Burglary Damage to Building	\$
xi	Exterior Glass Coverage: Yes <input type="checkbox"/> No <input type="checkbox"/> Height of Building _____	
xii	Sign Coverage: Yes <input type="checkbox"/> No <input type="checkbox"/>	
xiii	Equipment Breakdown Coverage: Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
xiv	Other Coverage:	