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ADDITIONAL QUESTIONNAIRE FOR TRAVEL AGENTS

To be completed with SUM Insurance Miscellaneous Errors and Omissions Application

1. FULL NAME OF THE APPLICANT: _____

2. DOES THE APPLICANT ACT AS: Franchisor or Franchisee

Total number of employees:

Number of CTC members:

Full Time: _____ Part Time _____

Full Time: _____ Part Time _____

Experience of Principal(s) (number of years in business): _____

3.

VOLUME	TOTAL SALES	COMMISSIONS
Actual last financial year	\$ _____	\$ _____
Projected next financial year	\$ _____	\$ _____

SALES MIX:

a) Airline or other Transit: _____%

b) Through package tour operators: _____%

c) Self-prepared tours*: _____%

d) Wholesale*: _____%

*If response to (c) or (d) is positive, attach brochures or full descriptive literature.

4. IF APPLICANT ARRANGES TOURS, PLEASE SUPPLY DETAILS AND BROCHURES, AND STATE PERCENTAGES OF GROSS RECEIPTS DERIVED FROM:

a) Group Tours: _____%

(c) Student/Incentive tours: _____%

b) Conventions, Seminars etc.: _____%

(d) Tours of a hazardous nature: _____%

(Mountain climbing, safaris, diving, or to a hostile environment)

Method of sales: Retail: _____%

Wholesale: _____%

5. DOES ANY PARENT, SUBSIDIARY OR OTHER AFFILIATED COMPANY OPERATE TOURS?

Yes No If Yes, please describe: _____

Signature of Applicant: _____

Dated: _____

Print Name and Title: _____