

SERFF Tracking Number: ZURC-125595659 State: Arkansas  
 Filing Company: Zurich American Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CW PR 27011  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability  
 Product Name: Travel Agents and Tour Operators Professional Liability Program - New Endorsements and Rating Rule  
 Project Name/Number: CW PR 27011 - Travel Agents and Tour Operators Professional Liability Program - New Endorsements and Rating Rule/CW PR 27011

## Filing at a Glance

Company: Zurich American Insurance Company

Product Name: Travel Agents and Tour Operators Professional Liability Program - New Endorsements and Rating Rule SERFF Tr Num: ZURC-125595659 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Filing Type: Form

SERFF Status: Closed

Co Tr Num: CW PR 27011

Co Status: Not Applicable

Author: Patricia Chudik

Date Submitted: 04/08/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 04/14/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 05/15/2008

Effective Date Requested (Renewal): 05/15/2008

State Filing Description:

## General Information

Project Name: CW PR 27011 - Travel Agents and Tour Operators Professional Liability Program - New Endorsements and Rating Rule

Project Number: CW PR 27011

Reference Organization: NA

Reference Title: NA

Filing Status Changed: 04/14/2008

State Status Changed: 04/14/2008

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce two new endorsements for use with our Travel Agents and Tour Operators Professional Liability Program. The Travel Agents and Tour Operators Professional Liability Program was filed and approved in Arkansas effective January 1, 2005, under company filing number CW PR 23731 and state tracking number

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: NA

Advisory Org. Circular: NA

Deemer Date:

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AR-PC-04-012987 (F).

The following endorsements are included in this filing:

U-TAP-213-A CW (11/07), Additional Insured - Automatic Status for Common Trip Sponsors, Venues and Clients

U-TAP-214-A CW (11/07), Internet Usage - Amended Exclusion Z and Amended Travel Agency Operations

Please see the explanatory memorandum for a complete description of this filing.

We request that this filing becomes May 15, 2008, for new and renewal business.

## Company and Contact

### Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com  
 1400 American Lane (847) 605-7714 [Phone]  
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

### Filing Company Information

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60102 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Arkansas's fee is \$50 per form filing.  
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------|--------|----------------|---------------|
|---------|--------|----------------|---------------|

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Zurich American Insurance Company \$50.00 04/08/2008 19359687



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27011

## Correspondence Summary

### Dispositions

| Status   | Created By    | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 04/14/2008 | 04/14/2008     |

*SERFF Tracking Number:* ZURC-125595659      *State:* Arkansas  
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27011

## **Disposition**

Disposition Date: 04/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type           | Item Name  | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty                                   | Approved    | Yes           |
| Supporting Document | Explanatory memorandum   | Approved    | Yes           |
| Form                | Additional Insured - Automatic Status for Common Trip Sponsors, Venues and Clients | Approved    | Yes           |
| Form                | Internet Usage - Amended Exclusion Z and Amended Travel Agency Operations          | Approved    | Yes           |

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## Form Schedule

| Review Status | Form Name  | Form #         | Edition Date | Form Type Action                 | Action Specific Data | Readability | Attachment                             |
|---------------|--|----------------|--------------|----------------------------------|----------------------|-------------|--|
| Approved      | Additional Insured - Automatic Status for Common Trip Sponsors, Venues and Clients | U-TAP-213-A CW | 11 07        | Endorsement/Amendment/Conditions |                      | 0.00        | U-TAP-213-A CW 1107 Add Ins.pdf        |
| Approved      | Internet Usage - Amended Exclusion Z and Amended Travel Agency Operations          | U-TAP-214-A CW | 11 07        | Endorsement/Amendment/Conditions |                      | 0.00        | U-TAP-214-A CW 1107 Internet Usage.pdf |



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# Additional Insured – Automatic Status for Common Trip Sponsors, Venues and Clients

| Policy No. | Eff. Date of Pol. | Exp. Date of Pol. | Eff. Date of End. | Producer No. | Add'l. Prem | Return Prem. |
|------------|-------------------|-------------------|-------------------|--------------|-------------|--------------|
|            |                   |                   |                   |              |             |              |

**Named Insured / Mailing Address:**

**Producer:**

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

**Travel Agents and Tour Operators Professional Liability Policy**

**A. Section III. PERSONS INSURED** is amended to include as an **Insured**:

**F.** Any **Common Trip Sponsor, Venue and Client** the **Named Insured** is required to add as an additional **Insured** on this policy under a **Standard Tour or Trip Contract**.

**B.** The insurance provided to the additional **Insured Common Trip Sponsor, Venue and Client** applies only to **Bodily Injury, Property Damage, Personal Injury**, or negligent acts or negligent omissions covered under Section **I. A.** Coverages and the defense of **Suits** seeking **Damages** on account of such **Bodily Injury, Property Damage, Personal Injury** or any negligent act or negligent omission under Section **I. B.** Defense with respect to the **Travel Agency Operations** of the **Named Insured**.

However, regardless of the provisions of paragraphs **A.** above:

**1.** The Company will not extend any insurance coverage to any additional **Insured Common Trip Sponsor, Venue and Client**:

- a.** That is not provided to the **Named Insured** in this policy; or
- b.** That is broader coverage than the **Named Insured** is required to provide to the additional **Insured Common Trip Sponsor, Venue and Client** in the **Standard Tour or Trip Contract**.

**2.** The Company will not provide Limits of Insurance to any additional **Insured Common Trip Sponsor, Venue and Client** that exceeds the lower of:

- a.** The Limits of Insurance provided to the **Named Insured** in this policy; or
- b.** The Limits of Insurance the **Named Insured** is required to provide in the **Standard Tour or Trip Contract**.

**C.** The Insurance provided to the additional **Insured Common Trip Sponsor, Venue and Client** does not apply to **Bodily Injury, Property Damage, Personal Injury**, or any negligent act or negligent omission that results solely from the negligence of the additional **Insured**.

**D.** The additional **Insured** must see to it that:

**1.** The Company is notified as soon as practicable of an **Occurrence**, a negligent act or negligent omission or an offense that may result in a **Claim** or **Suit**;

- 2. The Company receives written notice of a **Claim** or **Suit** as soon as practicable; and
  - 3. A request for defense and indemnity of the **Claim** or **Suit** will promptly be brought against any policy issued by any other insurer under which the additional **Insured** may be an insured in any capacity.
- E.** For the purpose of this endorsement only, **Standard Tour or Trip Contract** means a written contract or written agreement between the **Named Insured** and a **Common Trip Sponsor, Venue and Client** under which:
- 1. The **Named Insured** has agreed to directly provide or arrange any travel or tour services; or
  - 2. The **Common Trip Sponsor, Venue and Client** has allowed the **Named Insured** to use or occupy premises with respect to performing travel or tour services.
- F.** For the purposes of this endorsement only, **Common Trip Sponsor, Venue and Client** means any of the following groups and/or organizations: universities, schools and school districts, governmental entities or agencies, corporate clients, church groups, senior citizen groups, alumni associations, parks, museums, theaters, convention halls, bus depots and terminals, sponsoring trade groups, including the directors and employees of such.
- G.** For the purpose of this endorsement only, Section **II. EXCLUSIONS**, paragraph **X.**, item **1.** does not apply to any individual or entity who would qualify as an additional **insured** under this endorsement with respect to **Travel Agency Operations** of the **Named Insured**.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Signed by \_\_\_\_\_

Authorized Representative

\_\_\_\_\_ Date



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# Internet Usage – Amended Exclusion Z and Amended Travel Agency Operations

| Policy No. | Eff. Date of Pol. | Exp. Date of Pol. | Eff. Date of End. | Producer No. | Add'l. Prem | Return Prem. |
|------------|-------------------|-------------------|-------------------|--------------|-------------|--------------|
|            |                   |                   |                   |              |             |              |

**Named Insured / Mailing Address:**

**Producer:**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Travel Agents and Tour Operators Professional Liability Policy**

**A. Section II. EXCLUSIONS**, paragraph **Z.** is deleted and replaced by the following:

**Z.** Any **Claim** or **Suit** based upon or arising out of **Internet Technology Services** provided by the **Insured**. This exclusion does not apply to any negligent act or negligent omission involving researching travel-related information, placing reservations, or communicating by electronic mail by the **Insured** as part of the **Insured's Travel Agency Operations**, unless those activities of the **Insured** or any third party result in the transmission of computer viruses, corruption of databases, misappropriation, alteration or deletion of data or harm to the integrity of a computer system.

**B. Section IV. DEFINITIONS**, paragraph **X.** is deleted and replaced by the following:

**X. Travel Agency Operations** means all operations necessary to the conduct of a travel agency, tour operator, meeting planner or cruise-only agency. These operations would include researching travel-related information via the internet, placing reservations on behalf of a client via the internet, disseminating content via a website owned and operated by the **Insured**, and communicating by e-mail when any of these services are performed in the furtherance of **Travel Agency Operations**.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Signed by

\_\_\_\_\_   
 Authorized Representative

\_\_\_\_\_   
 Date

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## **Rate Information**

Rate data does NOT apply to filing.

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27011

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 04/14/2008

**Comments:**

**Attachment:**

NAIC transmittal.pdf

**Satisfied -Name:** Explanatory memorandum **Review Status:** Approved 04/14/2008

**Comments:**

**Attachment:**

Travel Explan Memo for AI and Internet Endst.pdf

### Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
| Zurich North America | 212                 |

|                                   |                 |               |               |                |
|-----------------------------------|-----------------|---------------|---------------|----------------|
| <b>4. Company Name(s)</b>         | <b>Domicile</b> | <b>NAIC #</b> | <b>FEIN #</b> | <b>State #</b> |
| Zurich American Insurance Company | NY              | 16535         | 36-4233459    |                |

|                                   |             |
|-----------------------------------|-------------|
| <b>5. Company Tracking Number</b> | CW PR 27011 |
|-----------------------------------|-------------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address  | Title                       | Telephone #s | FAX #        | e-mail                  |
|----|---|-----------------------------|--------------|--------------|-------------------------|
|    | Patricia E. Chudik<br>Regulatory Services Analyst<br>Zurich North America<br>1400 American Lane<br>Schaumburg, Illinois 60196 | Regulatory Services Analyst | 847 605-7714 | 847 605-7768 | pat.chudik@zurichna.com |
|    |   |                             |              |              |                         |

|   |                           |
|---|---------------------------|
| <b>7.</b> Signature of authorized filer         | <i>Patricia E. Chudik</i> |
| <b>8.</b> Please print name of authorized filer | Patricia E. Chudik        |

**Filing information** (see General Instructions for descriptions of these fields)

|            |   |  |
|------------|---|--|
| <b>9.</b>  | <b>Type of Insurance (TOI)</b>  | 17.2000  |
| <b>10.</b> | <b>Sub-Type of Insurance (Sub-TOI)</b>  | 17.2019  |
| <b>11.</b> | <b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b> |  |
| <b>12.</b> | <b>Company Program Title (Marketing title)</b>  | Travel Agents and Tour Operators Professional Liability Program  |
| <b>13.</b> | <b>Filing Type</b>  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14.</b> | <b>Effective Date(s) Requested</b>  | New: 05-15-2008      Renewal: 05-15-2008   |
| <b>15.</b> | <b>Reference Filing?</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16.</b> | <b>Reference Organization (if applicable)</b>   | NA   |
| <b>17.</b> | <b>Reference Organization # &amp; Title</b>   | NA   |
| <b>18.</b> | <b>Company's Date of Filing</b>   |  |
| <b>19.</b> | <b>Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

|            |  |             |
|------------|--|-------------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> | CW PR 27011 |
|------------|--|-------------|

|            |  |
|------------|--|
| <b>21.</b> | <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

The purpose of this filing is to introduce two new endorsements for use with our Travel Agents and Tour Operators Professional Liability Program. The Travel Agents and Tour Operators Professional Liability Program was filed and approved in Arkansas effective January 1, 2005, under company filing number CW PR 23731 and state tracking number AR-PC-04-012987 (F).

The following endorsements are included in this filing:

U-TAP-213-A CW (11/07), Additional Insured - Automatic Status for Common Trip Sponsors, Venues and Clients

U-TAP-214-A CW (11/07), Internet Usage - Amended Exclusion Z and Amended Travel Agency Operations

Please see the explanatory memorandum for a complete description of this filing.

We request that this filing becomes May 15, 2008, for new and renewal business.

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #: EFT**  
**Amount: \$50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

|           |  |             |
|-----------|--|-------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | CW PR 27011 |
|-----------|--|-------------|

|           |  |    |
|-----------|--|----|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br><small>(Company tracking number of rate/rule filing, if applicable)</small> | NA |
|-----------|--|----|

| <b>3.</b> | <b>Form Name /Description/Synopsis</b>   | <b>Form # Include edition date</b> | <b>Replacement Or withdrawn?</b>  | <b>If replacement, give form # it replaces</b> | <b>Previous state filing number, if required by state</b> |
|-----------|--|------------------------------------|---|--|---|
| 01        | Additional Insured – Automatic Status for Common Trip Sponsors, Venues and Clients | U-TAP-213-A CW (11/07)             | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | NA   | NA  |
| 02        | Internet Usage – Amended Exclusion Z and Amended Travel Agency Operations          | U-TAP-214-A CW (11/07)             | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | NA   | NA  |
| 03        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 04        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 05        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 06        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 07        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 08        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 09        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 10        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |

PC FFS-1

# **Explanatory Memorandum**

Travel Agents and Tour Operators Professional Liability Program

We are filing two (2) new endorsements to be used with the Travel Agent and Tour Operators Professional Liability Policy that is currently filed and approved.

The first endorsement is U-TAP-213-A CW (11-07) Additional Insured – Automatic Status for Common Trip Sponsors, Venues and Clients. This is an optional endorsement that will add blanket additional insured coverage for certain entities of the Travel Program.

The second endorsement is U-TAP-214-A CW (11-07) Internet Usage – Amended Exclusion Z and Amended Travel Agency Operations. This is a mandatory endorsement that will be used to clarify our intent on Internet usage in travel agency operations.