

Travel Retailer Certification Form

By completing this form, you are registering your company to offer travel protection plans under our Limited Travel Insurance Agent insurance license.

As referred to in this Certification Form, certain words are defined as follows:

Employees means employees of your company who offer and disseminate travel insurance or are otherwise involved with the business of travel insurance.

Agents means other companies (including sole proprietorships and independent contractors (IC)) whose employees are involved with offering or disseminating travel insurance on your company's behalf or are otherwise involved with the business of travel insurance.

1. I certify that I, my company's employees, and my company's agents have completed the Agent Training Program and have reviewed all training materials provided by Travel Insurance Center and that we will complete future updates to the training program as required by your Travel Insurance Center Independent Contractor Agreement.
2. I certify that neither I, nor my company's employees, nor my company's agents have been convicted of (1) a felony; or (2) any violations of the Violent Crime Control and Law Enforcement Act of 1994 (18 U.S.C. § 1033) involving crimes of dishonesty, misappropriations of money, or breach of trust.
 - Performing a background check will help you determine whether you can make this certification. According to regulation, a background check is required to comply with the law for employees to offer travel insurance.
 - Contact a vendor specializing in conducting employee background checks, such as HR Plus Screening Solutions (www.hrplus.com) or similar.

By signing below, I warrant and represent that:

1. I, on behalf of myself and my company on whose behalf I am signing, have read, understand, and agree in full to make all of the above certifications.
2. I have the authority to make these certifications on behalf of my company.
3. If at any time any of the above certifications are no longer true, cannot be made, or are not wished to be made, I, my company's employees, and my company's agents will immediately (a) cease to offer and disseminate travel insurance on Travel Insurance Center's behalf and (b) notify Travel Insurance Center of this in writing.
4. My company will indemnify, defend and hold harmless Travel Insurance Center for all claims and damages due to a breach of any certification, representation, warranty, or other agreement included herein.

Name (print): _____

Signature: _____

Title: _____

Company: _____

FEIN (Employer ID Number): _____

Designated Responsible Party: _____

Retailer State of Residence: _____

Other States of Residence: _____

Date: _____

List of all agents/contact information: List Below List Attached N/A

Contact information for all employees or agents who are involved in the business of travel insurance can be completed in the chart below (these are required fields) or as an attachment to this Certification Form.

LIST OF QUALIFIED EMPLOYEES AND AGENTS TRANSACTIONING ON YOUR COMPANY'S BEHALF

Employee & Agent Name	Contact Type	Mailing Address City, State, Zip	Phone Number	Email Address
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			
	Employee <input type="checkbox"/> Agent/IC <input type="checkbox"/>			

