

TOUR OPERATORS & TRAVEL AGENTS PROPOSAL FORM

for

LIABILITY & CRISIS MANAGEMENT INSURANCE

ABOUT YOUR BUSINESS

1. Name of Proposer:

Please show Company name(s) and trading name(s) if different

Business of Proposer:

Date of commencement of Business:

Where the Company is new please attach CV of Principal(s)

Are you a Member of:

A.B.T.A.?

YES/NO

AITO

YES/NO

Other? (please specify)

Website:

2. Principal Address:

Number of other offices:

Details if outside U.K.

3. Total number of Principals and Staff:

Annual Wageroll:

(a) Local country (Clerical and Non-Manual)

\$

(b) Local Country (Manual)

\$

(c) Overseas (please specify)

\$

4. Turnover:	Last 12 months	Estimate for next 12 months
(a) As a Tour Operator:		
Packages	\$ <input type="text"/>	\$ <input type="text"/>
Flight only	\$ <input type="text"/>	\$ <input type="text"/>
Accommodation only	\$ <input type="text"/>	\$ <input type="text"/>
(b) As a Travel Agent:	\$ <input type="text"/>	\$ <input type="text"/>

Does any of the "Travel Agent" turnover above involve you acting as an Organiser as defined in the Package Travel Regulations 1992?

If YES, please state approximate % of relevant turnover this represents

5. Total number of Travellers:	Last 12 months	Estimate for next 12 months
As a Tour Operator:		
Packages	<input type="text"/>	<input type="text"/>
Flight only	<input type="text"/>	<input type="text"/>
Accommodation only	<input type="text"/>	<input type="text"/>

Questions 6 to 10 apply to activities as a Package Travel Organiser. If you do not so act, go straight to question 11.

6. (a) Please specify the five principal destination countries of your package holiday programme, together with the proportion of your turnover they represent.

Country	Last 12 months	Estimate for Next 12 months
(i) <input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>
(ii) <input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>
(iii) <input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>
(iv) <input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>
(v) <input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>

- (b) Activity Holidays
Where the activity is a significant part of the holiday:

(i) Winter Sports	<input type="text" value=""/>	<input type="text" value=""/>
(ii) "Adventure" Holidays (white-water rafting, scuba diving, climbing or other specialist/hazardous activities): please give details	<input type="text" value=""/>	<input type="text" value=""/>

(d) Children and Student Tours	<input type="text" value=""/>	<input type="text" value=""/>
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(e) Do you handle incoming Tours? If YES, please give approximate passenger numbers of::	<input type="text" value="YES/NO"/>
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(i) American Nationals	<input type="text"/>	<input type="text"/>
(ii) Others	<input type="text"/>	<input type="text"/>

7. Do you market in America? YES/NO

If YES, please give brief details

8. Do you, or any parent or subsidiary, own (wholly or partly) or operate any accommodation or transport? YES/NO

If YES, please give brief details

N.B. This Insurance will not cover liability arising from the ownership or operation of accommodation or transport unless specifically extended.

9. Do you inspect hotels and other facilities used on your holidays to ensure that safety and fire precautions are adequate and that local regulations are observed? YES/NO

10. Do you contract with all significant suppliers to your holidays requiring them to:

(a) Provide facilities complying with relevant safety standards YES/NO

(b) Indemnify you for any liabilities incurred to your customers resulting from the use of the facilities or services they provide? YES/NO

(c) Carry adequate public liability insurance? YES/NO

DETAILS OF COVER

11. (a) Is insurance currently in force for:

(i) Public Liability YES/NO

(ii) Professional Indemnity YES/NO

(iii) Employers Liability YES/NO

(c) If so, please give details of current insurers, renewal date, excesses and limits of indemnity

What limit of indemnity is required for:

(iv) Public Liability (Minimum £2,500,000) \$

(v) Professional Indemnity (Minimum £250,000 – Maximum £1,000,000) \$

(vi) Employers Liability - £10,000,000 Standard Limit YES/NO

CLAIMS AND COMPLAINTS DETAILS

12. Please give details of accidents/claims in the last 5 years

	Date	Details	Cost
(a) Injury to any traveller on a holiday/tour operated by you	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Injury to any employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) The total paid to travellers for claims/complaints other than injury, with the number of incidents	Year <input type="text"/>	Number <input type="text"/>	Cost <input type="text"/>
(d) (i) Approximately how many complaints did you receive last year?	<input type="text"/>		

(ii) Please give brief details of your procedure to deal with complaints

(e) Are you aware of any circumstances which may resulting a claim being made against you?

If YES, please give details

DO YOU REQUIRE CRISIS MANAGEMENT COVER?

YES/NO

If YES, answer questions 13-16 inc. otherwise skip them.

13. (a) Do you handle Coach Tours?

YES/NO

(b) If YES, please state average coach size & percentage of turnover

	%
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14. (a) Do you handle other group tours?

YES/NO

(b) If YES, please state average group size & percentage of turnover

	%
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15. GROUP ACTIVITES

(a) Do you organise Off Piste Skiing?

YES/NO

(b) What % of your passengers relate to the following groups?

(i) Safaris

%

(ii) Overland Adventures

%

(iii) Trekking

%

(iv) White Water Rafting

%

16. Details of Cover:

Cover Limit

Excess

Please provide:

1. Specimen brochures and/or booking conditions

2. A copy of any standard contracts used by you in dealing with suppliers

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of this proposal by insurers. If you are in any doubt as to whether a fact is material or not please disclose it).

I understand that signing this proposal does not bind me to complete, or insurers to accept, this insurance.

Signature of proposer

Position in Company

Name

Date