

TOUR OPERATORS LIABILITY PROPOSAL FORM

(A) Company Details

Full Title of proposer, including any subsidiary companies

Addresses of all offices

Business Description

Phone No

Country of Registration

Web-site Address

Year Established

(B) Employers Liability (Optional)

Wage-roll for all staff undertaking clerical work

Wage-roll for all staff undertaking manual work*

***Please specify duties**

(C) Public Liability & Professional Indemnity

Inclusive Tours estimated annual turnover for next 12 months

Flight/Accommodation only estimated annual turnover for next 12 months

Travel Agency Turnover, estimated for the next 12 months

Activity Days/Corporate Events estimated turnover for the next 12 months

Passenger Numbers Estimated for the next twelve months

Tour Operator Combined Insurance

(D) Liability Operation Breakdown

Please give an approximate % of turnover breakdown, between the following categories:

Overland / Safari Tours

Trekking

(without use of crampons)

Adventure / Activity Holidays

Trekking

(with crampons and the like)

Children / Student Tours

City Breaks / Villa Holidays

Activity Days / Corporate Events

Other Package Holidays

Please give an approximate % breakdown of geographical areas you expect to send clients to:

Domestic

Europe

North America

Africa

Elsewhere in the World

Areas against FCO advice

(E) Liability / PI Claims

No. of claims or incidents reported to Insurers in the past five years for passenger injury

Value of claims paid and outstanding estimates for passenger injury over past five years

\$

No. of claims made to Insurers for complaints not involving injury

Value of non-injury claims paid and outstanding for past five years

\$

No. of claims made over past five years for injury to employees

Value of claims paid for injury or illness to employees over past five years

\$

(F) Tour Leaders or Guides ONLY (Optional)

How many years experience do you have as a tour leader or guide?

Please provide details of the tours/trips which you will be running or leading:

Number of claims in the past 5 years (Please provide details on a separate sheet)

Please ensure that you provide an up to date CV with this application and that you have also completed sections A, D F, G & J of this form

Tour Operator Combined Insurance

(G) General Liability Information

	Yes	No			
Do you or your agents inspect accommodation regularly to ensure that local standards of health and safety are met?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you ensure that your suppliers have adequate liability insurance in place?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you own or operate any accommodation or transport?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you ensure that all activity suppliers operate to at least local safety standards and that all safety equipment is to a suitably high standard and subject to regular safety checks?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you check to ensure that all vehicles provided by suppliers are roadworthy and comply with local legal requirements? Where possible do you ensure that safety belts are fitted?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you ensure that clients are aware that optional excursions outside of the pre-booked and paid for itinerary are undertaken at their own risk?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you put in place a risk management and assessment programme for your tours and suppliers?	<input type="checkbox"/>	<input type="checkbox"/>			
If any of your tours include the following activities, please provide a % estimate of how much this relates to your overall turnover:					
Mountain Biking	<input type="checkbox"/>	Horse/Camel Riding	<input type="checkbox"/>	Mountaineering	<input type="checkbox"/>

(H) Current Liability Insurance Details

Insurer	<input type="text"/>		
Renewal Date / Premium	/	/	\$ <input type="text"/>

(I) Liability Quotes Required

Public Liability

\$1,000,000	<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>
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Professional Indemnity

\$500,000	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>
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Excess Employers Liability (Optional)

Is cover required (\$3m excess of \$2m limit)?	<input type="checkbox"/>
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Tour Operator Combined Insurance

(K) Declaration

Please ensure that where appropriate, the following information is submitted with your proposal form, to allow swift and accurate assessment:

Brochure

Web-site address

Full details of hazardous activities

Full details of all claims

CV's for all directors if this is a new venture

Details of any assets in North America if Worldwide Legal Jurisdiction is required

Completion of this proposal form is designed to provide Underwriters with a platform to consider the risk. It does not bind or oblige Underwriters to provide cover. Cover can only be granted following written confirmation from you that you wish to proceed in accordance with a written quotation submitted by us.

I/We hereby declare that the information provided within this proposal is accurate and true, to the best of my/our knowledge at the time of signing. I/We further understand that failure to declare or mis-representation of any material fact could lead to my/our position being prejudiced in the event of a claim. I/We understand that a material fact is one which is likely to influence the underwriter's perception or assessment of the risk. I/We understand that in the event of non-disclosure or mis-representation, by us, Underwriters reserve the right to withdraw cover in whole or in part.

Signed

Print Name & Position

Dated

Tour Operator Combined Insurance

Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων

Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνει ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *

Όνομα

Θέση της εταιρείας

Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος