



COMBINED LIABILITY AND PROFESSIONAL INDEMNITY
FOR
TOUR OPERATORS

All questions must be answered in full.

1.Full Name(s) of Firms(s).

2.Address of All Offices (including Post Codes, Telephone Number and Email/Web Site of the Main Office).

3.Full Business Description and Nature of Holidays Provided.

4.When was the present Firm(s) originally established? (Please give names, dates etc. of predecessor Firms for which cover is required).

5.Is the Firm a member of?

ABTA

Yes No

IATA Yes No
 ATOL Yes No
 Any other Professional Association Yes No
 (If so, please give details below)

6. Does the Firm also act as a Tour Operator? Yes No

If Yes, please complete the following section A and if you also act as a Travel Agent please complete Section B as well

If No, please complete section B only

SECTION A to be completed by all Tour Operators.

Turnover.

	Last 12 months	Estimate for Next 12 months
Total Turnover as Tour Operator	€ <input style="width: 80px;" type="text"/>	€ <input style="width: 80px;" type="text"/>
Total PAX Numbers as Tour Operator	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Split of Pax in the following categories:		
Package Holidays	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
City Breaks	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Accommodation / Flight or Coach Only	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Incoming Holidays	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Activity Holidays	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Winter Sports / Scuba	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
Safari / Overland Trek	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

Please specify the proportion of PAX represented by the following destinations

	Last 12 months	Estimate for Next 12 months
Ireland *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %
UK / USA / Canada *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %
Western Europe *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %
Southern Europe *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %
Rest of Europe *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %
Dominican Republic / Jamaica / Singapore *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %
Africa / Pakistan *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %
Rest of World *	<input style="width: 80px;" type="text"/> %	<input style="width: 80px;" type="text"/> %

(*Full list of countries in each region)

7. Do you inspect accommodation regularly to ensure that safety and fire precautions are adequate and the local regulations are observed? Yes No

If 'YES', please give details

8. Do you ensure that your suppliers (e.g. Hoteliers, Coach operators etc.) operate to at least the health and safety standards of their home country? Yes No

If 'YES', please give details

9. Do you check the insurance arrangements of all your suppliers? Yes No

If 'YES', please give details

10. Do you use standard contracts with your suppliers? Yes No

If 'YES', please email, fax or post sample conditions

Please give details

11. Are all suppliers contractually liable for their own activities? Yes No

If 'YES', please give details

12. Do you ensure that any instructors who are not your Employees are contractually liable for their own activities? Yes No

If 'YES' please email, fax or post sample conditions

Please give details

SECTION B Travel Agents

	Last 12 months	Estimate for Next 12 months
Total Turnover	€ <input style="width: 80px;" type="text"/>	€ <input style="width: 80px;" type="text"/>

13. Are you a member of any marketing / affiliation group? Yes No

If 'YES', please give details

SECTION C to be completed by Travel Agents and Tour Operators

14. Does the Firm specialise in any particular area (e.g. Business Travel, School/Club Trips, Sports Tours, Specialist Activity Holidays) Yes No

If 'YES', please provide details along with Turnover and PAX numbers

15. What percentage of the Turnover/ income is derived from Insurance activities %

16. Do you market tours in America for American Nationals Yes No

If 'YES', please provide details along with Turnover and PAX numbers

17. What percentage of your Turnover represents Group / Incentive Travel and / or Conference Organising. %

18. Do you or any parent or subsidiary, own (wholly or partly) or operate any accommodation or transport? Yes No

If 'YES', please give details

19. Please give details of accidents/claims/complaints in the last five years settled or outstanding

	Date	Details	Cost
Injury to any traveller on a holiday / tour operated by you	<input type="text"/> / <input type="text"/> / <input type="text"/>	<div style="border: 1px solid black; height: 30px;"></div>	€ <input type="text"/>
Total paid to travellers for claims / complaints other than injury	<input type="text"/> / <input type="text"/> / <input type="text"/>	<div style="border: 1px solid black; height: 30px;"></div>	€ <input type="text"/>

20. Are any of the Directors, Partners or Employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents, which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Directors and/or Partners? Yes No

If 'YES', please give details

21. Please give details of existing insurances in respect of :

- a) Public / Products Liability
- b) Professional Indemnity

	INSURER	INDEMNITY LIMIT	EXCESS	PREMIUM	EXPIRY DATE
a)	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
b)	<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

22. What limit of indemnity is required for :

Public / Products Liability: €3,000,000
 €5,000,000
 €6,500,000

Professional Indemnity €

(Please enter amount below if a different amount is required)

€

CONTACT/ REPLY DETAILS.

Please give the details of the person who you wish to receive our services.

Full name. Email.

Any additional comments.

Please email, fax or post:

Specimen brochures for Tour Operating activities including booking conditions together with copies of your standard contracts with suppliers.

If a new venture, a CV of the Principal(s) in the Business.

DECLARATION

I/We declare and warrant that all the statements and particulars here given are true and that no information whatever has been withheld which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise the Company immediately. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in the Company refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree that this Declaration shall be the basis if the contract between me/us and the Company upon acceptance by me/us of the Quotation afforded by the Company. I understand that signing this declaration does not bind me to complete, or Insurers to accept, this insurance.

(N.B. a material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in doubt as to whether a fact is material or not, please disclose it).

Full Name. Position. Date.

I have read and understood the above declaration.

Please sign below



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