



COMBINED LIABILITY AND PROFESSIONAL INDEMNITY
FOR
TRAVEL AGENTS

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. Income Details.

	Last 12 months	Estimate for Next 12 months
Total Turnover	<input type="text"/>	<input type="text"/>

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

If Yes what percentage of your Turnover does this represent %

Please provide details of your Tour Operator activities below

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

If 'YES', please give details

9. 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

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

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

12. Have you had any accidents/claims/complaints in the last five years settled or outstanding? Yes No

If 'YES', please give details as below

Date	Details	Cost
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Injury to any traveller on a holiday / tour operated by you

/ /

€

Total paid to travellers for claims / complaints other than injury

/ /

€

13. 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 provide details

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

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

	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"/>

15. 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.

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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