

The Insurance
Supermarket



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**Professional Indemnity Proposal Form – Tour Operator &
Travel**

**Personal Touch Financial Services Ltd is authorised
and regulated by the Financial Services Authority**

TOUR OPERATORS AND TRAVEL AGENTS PROPOSAL FORM

COMPLETE ALL UNSHADED SECTIONS OF THE FORM

PART 1: BUSINESS DETAILS					
Proposer's Full Name:					
Address: (including post code)					
Contact Name:					
Telephone Number:					
Fax Number:					
E-Mail Address:					
Website Address: (if applicable)	Are sales made over your website?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO				
Full Business Description and Nature of Holidays Provided					
Year Established					
	<i>If a new venture, please provide CV's for the Principle(s)</i>				
How long have you been in business elsewhere?					
Please list any Trade Association you belong to:	ABTA		BITOA		
	ABTOF		ARTAC		
	NAITA		AITO		
Current Insurance	Renewal Date				
	Insurer				
	Premium	Liability: £	Office: £		

PART 2: COMBINED LIABILITY

1. Turnover	Last 12 Months	Estimate for Next 12 Months	
<i>As a Tour Organiser:</i>			
Inclusive Tours	£	£	
Flight Only	£	£	
Accommodation Only	£	£	
<i>As a Travel Agent</i>	£	£	
2. Travellers	Last 12 Months	Estimate for Next 12 Months	
<i>As a Tour Organiser</i>			
Inclusive Tours	PAX	PAX	
Flight Only	PAX	PAX	
Accommodation Only	PAX	PAX	
3. What percentage of your Turnover represents Group/Incentive Travel & or Conference Organising		%	
4. Do you or any parent or subsidiary, own (wholly or partly) or operate any Accommodation or Transport	YES	NO	
	If Yes, please give details:		
5. Please specify the 5 principle destination countries of your package holiday programme, together with the proportions of your turnover they represent	Country	Last 12 Months	Estimate For Next 12 Months
	1)	%	%
	2)	%	%
	3)	%	%
	4)	%	%
	5)	%	%

6. Activity Holidays (Where the activity is a significant part of the holiday)	Type Of Activity	Number of passengers in Last 12 months	Estimated Number of Passengers for Next 12 Months
	Sailing, Canoeing, Scuba Diving, White Water Rafting etc	PAX	PAX
	Other Specialist / hazardous activities (e.g Trekking Climbing etc)	PAX	PAX
	Childrens Tours	PAX	PAX
		PAX	PAX
		PAX	PAX
		PAX	PAX
7. Incoming Tours (please specify passenger numbers in respect of Incoming Tours)	American / Canadian Nationals	Others	
	PAX	PAX	
8. Do you market tours IN America for American Nationals (delete as applicable) If YES, please give details	YES	NO	
9. Do you inspect accommodation regularly to ensure that safety and fire precautions are adequate and that local regulations are observed?	YES	NO	
10. 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	
11. Do you check the insurance arrangements of all your suppliers?	YES	NO	
12. Do you use standard contracts with your suppliers which ensure that they are contractually liable for their own activities? If YES, please provide sample conditions	YES	NO	
13. Do you ensure that any instructors who are not your employees are contractually liable for their own activities? If YES, please provide sample conditions	YES	NO	

14. Please give details of ALL Accidents / Claims in the last 5 years	Type	Date	Details	Cost
	Injury to any traveller on a holiday / tour operated by you			
	Payments to travellers for claims / complaints other than injury			
	Liability claims arising from Employees			
15. Are you aware of any circumstances which may result in a claim being made against you			YES	NO
If YES, please provide details				
16. Indemnity Limits Required Please state the Indemnity Limits you require	Public / Products Liability	£		
	£2ml, £5ml or £10ml			
	Financial Loss / Professional Indemnity	£		
	£100k, £250k or state if other			
	Employers Liability	£		
	Nil or £10,000,000			

PART 3: OFFICE / PROPERTY

NOTE: If more than one premises is to be insured, please complete the 'Multi Premises Form' at the back of this proposal INSTEAD of questions 1,2,3 and 4 below. Continue to complete the form from question 5 onwards.

1. Please details the construction of the building	Walls		
	Roof		
	Floors		
2. Are the buildings occupied solely by you? If No, please provide details of other usage of the building	YES/NO		
	Details		
3. Please provide details of the Security / Protections to the Premises	Intruder Alarm	Nacoss/SSAIB Installer	YES/NO
		Bells Only	YES/NO
		Redcare	YES/NO
		Central Station	YES/NO
		Digicom	YES/NO
		Other (describe)	
	CCTV	YES/NO	
	SAFE (Please provide full specification)		
	5 Lever Mortice Deadlocks on all final exit doors	YES/NO	
	Key Operated Window Locks on all accessible windows	YES/NO	
	Other Security features (please describe)		

4. Property Sums Insured	Section		Sum Insured	
	Buildings		£	
	Rent Receivable		£	
	Property Owners Liability		£	
	Contents		£	
	Tenants Improvements		£	
	Office Front / Glass		£	
	Portable Equipment (All Risks)		£	
	Is Worldwide Cover Required		YES	NO
	Gross Profit (automatically included at 4 x Contents Sum Insured)		£	Indemnity Period ___ months
	Accounts Receivable		£	Indemnity Period ___ months
	Loss Of Rent Payable		£	Indemnity Period ___ months
	Computer Breakdown / Accidental Damage		£	
	Documents In Transit		£1,000 maximum	YES NO
	Money		£	Safe
			£	Transit / Business Hours
	Loss Of Tickets (including airline tickets)		£50,000 any one period £25,000 any one loss £2,500 any one ticket	YES NO
	Fidelity Guarantee (£10,000 maximum)		YES NO	
			Number of persons	

	Personal Accident	Name	Number of Units
	(£5,000 capital / £50 per week per unit)		
5. Other Property / Office Covers Required	Description	Sum Insured	
		£	
		£	
		£	
		£	
6. Claims: Please provide details of any losses or claims which would have been covered by this section (property / office) in the last 5 years:	Type of Claim	Claimant	Amount Outstanding/Paid
7. Are you aware of any circumstances which might give rise to a claim in the next insurance period?	YES	NO	
	If YES, please supply details:		

PART 3: DECLARATION

Has any Director, Partner, Proprietor ever been made bankrupt, insolvent, had bankruptcy/insolvency proceedings commenced or ever had a criminal conviction (other than speeding convictions)?

YES

NO

If YES, please provide details:

Has any Insurer ever declined your proposal, refused to renew or cancelled your policy or imposed special conditions

YES

NO

If YES, please provide details

IMPORTANT NOTICE

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/We hereby declare that to the best of my/our knowledge all the statements and information provided in the Proposal Form are true and confirm that I/We are not aware of any other material facts (those which may influence the judgement of a prudent Underwriter).

I/We understand that this Proposal Form is the basis of the contract with the Underwriters.

NAME

SIGNATURE

POSITION

DATE

MULTI PREMISES

	Location 1	Location 2	Location 3	Location 4	Location 5
Address					
Construction					
Occupancy					
Intruder Alarm					
Safe Specification					
Other Security Features					
Buildings	£	£	£	£	£
Rent Receivable	£	£	£	£	£
Contents	£	£	£	£	£
Tenants Improvements	£	£	£	£	£
Office Front/Glass	£	£	£	£	£
Portable Equipment / All Risks	£	£	£	£	£
Gross Profit	£	£	£	£	£
Accounts Receivable	£	£	£	£	£
Loss Of Rent Payable	£	£	£	£	£
Computer Breakdown/ Accidental Damage	£	£	£	£	£
Documents In Transit	£	£	£	£	£
Money - Safe - Transit	£	£	£	£	£
Loss Of Tickets	£	£	£	£	£
Fidelity Guarantee (number of people)	£	£	£	£	£
Personal Accident (Number of people / units)	£	£	£	£	£