



**TOUR OPERATORS & TRAVEL AGENTS**

**LIABILITY INSURANCE**

**PROPOSAL FORM**

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## 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)

Website address:

Are you a Member of:

A.B.T.A.?

AITO

Other? (please specify)

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2. Principal Address:

Number of other offices:

Details if outside U.K.

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3. Total number of Principals and Staff:

Annual Wageroll:

(a) U.K. (Clerical and Non-Manual)

£

(b) U.K. (Manual)

£

(c) Overseas (Subject to U.K. Contracts of Employment)

£

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4. Turnover:

	Last 12 months	Estimate for next 12 months
(a) As a Tour Operator:		
Packages	£	£
Flight only	£	£
Accommodation only	£	£
(b) As a Travel Agent:	£	£

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

YES/NO

%

5. Total number of Travellers:

	Last 12 months	Estimate for next 12 months
As a Tour Operator:		
Packages		
Flight only		
Accommodation only		

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

## DETAILS OF TURNOVER

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)	%	%
(ii)	%	%
(iii)	%	%
(iv)	%	%
(v)	%	%

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

- |      |  |  |  |
|------|--|--|--|
| (i)  | Winter Sports  | <input style="width: 80%;" type="text" value="%"/> | <input style="width: 80%;" type="text" value="%"/> |
| (ii) | "Adventure" Holidays (white-water rafting, scuba diving, climbing or other specialist/hazardous activities): please give details | <input style="width: 80%;" type="text" value="%"/> | <input style="width: 80%;" type="text" value="%"/> |
| (d)  | Children and Student Tours   | <input style="width: 80%;" type="text" value="%"/> | <input style="width: 80%;" type="text" value="%"/> |
| (e)  | Do you handle incoming Tours?<br>If YES, please give approximate passenger numbers of::  |  | <input type="text" value="YES/NO"/>                |
| (i)  | American Nationals   | <input style="width: 80%;" type="text"/>           | <input style="width: 80%;" type="text"/>           |
| (ii) | Others   | <input style="width: 80%;" type="text"/>           | <input style="width: 80%;" type="text"/>           |

7. Do you market in America?
- If YES, please give brief details

8. Do you, or any parent or subsidiary, own (wholly or partly) or operate any of the facilities used in your holidays?
- If YES, please give brief details

N.B. This Insurance will not cover liability arising from the ownership or operation of such facilities 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?

10. Do you contract with all significant suppliers to your holidays requiring them to:
- |   |                                     |
|---|-------------------------------------|
| (a) Provide facilities complying with relevant safety standards   | <input type="text" value="YES/NO"/> |
| (b) Indemnify you for any liabilities incurred to your customers resulting from the use of the facilities or services they provide? | <input type="text" value="YES/NO"/> |
| (c) Carry adequate public liability insurance?  | <input type="text" value="YES/NO"/> |

## DETAILS OF COVER

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

- |                             |                                     |
|-----------------------------|-------------------------------------|
| (i) Public Liability        | <input type="text" value="YES/NO"/> |
| (ii) Professional Indemnity | <input type="text" value="YES/NO"/> |
| (iii) Employers Liability   | <input type="text" value="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)                         | <input type="text" value="£"/>      |
| (v) Professional Indemnity (Minimum £250,000 – Maximum £1,000,000) | <input type="text" value="£"/>      |
| (vi) Employers Liability - £10,000,000 Standard Limit              | <input type="text" value="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	Number	Cost
	<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) 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



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Please provide:

1. Specimen brochures and/or booking conditions
2. A copy of any standard contracts used by you in dealing with suppliers

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## 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