

PROPOSER DETAILS

Full Title of Proposer (including subsidiaries)

Full Business Description

Principal Business Address
(including postcode)

Telephone Number

HMRC Employer Reference Number

Current Insurer

Renewal Date

Date of Incorporation / Establishment

Country of Registration

The information provided in this document is vital to Underwriters' consideration of the relative risks associated with the business. The premium quoted will be based on a number of factors including the responses given to the questions below. This document must be signed and dated by a partner, principal or director of the policyholder or by their insurance representative. It is important to disclose all material facts to the Underwriters. A material fact is one that is likely to influence underwriters' judgement and acceptance of this proposal.

EMPLOYERS LIABILITY (Optional)

Wage roll for all staff undertaking clerical work in the United Kingdom

Do any employees undertake and work outside the United Kingdom?

YES NO

If YES, please detail Wage roll and type of work

Do any employees carry out any Manual Work?

YES NO

If YES, please give full details

PUBLIC LIABILITY & PROFESSIONAL INDEMNITY

Please detail estimated annual turnover for the next 12 months from the following activities:

Inclusive Tours

Flight / Accommodation Only

Travel Agency

Activity Days / Corporate Events

Estimated passenger numbers for next 12 months

BREAKDOWN OF OPERATIONS

Please give an approximate % of turnover split by the following categories:

Overland / Safari Tours

Trekking (without the use of crampons)

Trekking (with crampons and the like)

Adventure / Activity Holidays

Children / Student Tours

City Breaks / Villa Holidays

Activity Days / Corporate Events

Other Package Holidays

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

UK	<input type="text"/>
Europe	<input type="text"/>
North America	<input type="text"/>
Africa	<input type="text"/>
Elsewhere in the World	<input type="text"/>
Areas against FCO advice	<input type="text"/>

TOUR LEADERS OR GUIDES ONLY

Please ensure that you provide an up to date CV for Tour Leaders or Guides

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

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

Have you had any claims in the past 5 years? YES NO

If YES, please give full details and provide additional details on a separate sheet

GENERAL LIABILITY INFORMATION

Do you or your agents inspect accommodation regularly to ensure that local standards of health and safety are met? YES NO

Do you ensure that your suppliers have adequate liability insurance in place? YES NO

Do you own or operate any accommodation or transport? YES NO

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? YES NO

Do you check to ensure that all vehicles provided by suppliers are roadworthy and comply with local requirements and that safety belts are fitted? YES NO

Do you ensure that clients are aware that the optional excursions outside of the pre-booked and paid for itinerary are undertaken at their own risk? YES NO

Have you put in place a risk management and assessment programme for your tours and suppliers? YES NO

Do any of your tours include Mountain Biking? YES NO

If YES, please give full details and a % of turnover

Do any of your tours include Horse / Camel Riding? YES NO

If YES, please give full details and a % of turnover

Do any of your tours include Mountaineering? YES NO

If YES, please give full details and a % or turnover

Do you or your agents inspect accommodation regularly to ensure that local standards of health and safety are met? YES NO

PREMISES DETAILS

Please describe the construction of the following:

Walls Roof
Floors Stairs

Are the premises in a good state of repair and free from signs of subsidence, landslip or heave? YES NO

Has there ever been flooding at or in the immediate vicinity of the premises? YES NO

Please describe the type, installer and maintenance company for the SECURITY alarm system on the premises

Please describe the method of signalling?
(i.e. RedCARE, Bells Only)

Is the installer NACOSS / SSAIB approved? YES NO

Are the premises occupied overnight? YES NO

If YES, please give

Are key operated window locks fitted to all accessible, opening windows? YES NO

Are all external doors fitted with locks to BS3621 or equivalent? YES NO

FINANCIAL AND INSURANCE HISTORY

Please list the names of all Directors, Partners and Principals of the organisation

Has any organisation in which the above named have been involved gone into liquidation, receivership or been the subject of a winding-up order?

YES NO

If YES, please give details

Has any of the above named ever been the subject of an HMRC investigation or have a criminal record (other than motoring offences)?

YES NO

If YES, please give details

Has any Insurer refused to accept a proposal from the Proposer or any Director, Partner or Principal of the organisation?

YES NO

Has any Insurer refused to continue a contract of insurance or imposed special terms upon the Proposer or any Director, Partner or Principal of the organisation?

YES NO

Have there been any claims and/or incidents in the past 5 years? (if YES please detail below)

YES NO

Passenger Injury claims or incidents reported to Insurers in the past five years

Year	Number	Amount Paid	Amount Outstanding

Complaints Not Involving Injury claims or incidents reported to Insurers in the past five years

Year	Number	Amount Paid	Amount Outstanding

Employers Liability claims or incidents reported to Insurers in the past five years

Year	Number	Amount Paid	Amount Outstanding

DECLARATION AND STATEMENT OF FACT

DECLARATION

Complete this section if you are the Proposer

To the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that the signing of this proposal does not bind me/us to complete the insurance but agree that should a contract of insurance be concluded this proposal and the statements made herein shall force the basis of the contract.

Signed

Print Name:

Position:

Date:

STATEMENT OF FACT

Complete this section if you are an Insurance Broker acting for the Proposer

This statement of fact is to record the information we have provided to underwriters and will form the basis of any policy concluded by us on behalf of the proposer. We understand that a copy of this Statement of Fact will be provided to the proposer, with their insurance documentation, should a contract of insurance be concluded.

Signed

Print Name:

Broker Name:

Date:

ADDITIONAL INFORMATION

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

- **Corporate Brochures / Website Address**
- **Full Details of Hazardous Activities**
- **CV's for All Directors (if a new venture)**
- **Details of Any Assets or Powers of Attorney in North America if Worldwide Jurisdiction is required.**

Additional Notes

SUMS INSURED

It is important that you should ensure that the values given below are adequate as underinsurance may reduce the amount of recovery in the event of a claim

ITEM TO BE INSURED	SUM INSURED REQUIRED
Buildings, walls, gates & fences	£
Tenants Improvements	£
Fixtures, fittings & all other contents excluding light & sound equipment	£
Stock	£
General office contents and furniture	£
Computers and telephones in the office	£
Computer system records	£10,000
Theft of any one ticket	£2,500
Fidelity Guarantee	£10,000
Book Debts	£10,000
Portable Items (please specify UK, EU or WW cover)	£
Loss of Gross Revenue	£
Indemnity period	12 Months
Increased Cost of Working	£
Indemnity period	12 Months
Loss of Rent	£
Indemnity period	12 Months
Glass / Signs	Included
Money in transit to Bank / Night safe	£2,500
When open for business	£2,500
Out of safe out of business hours	£250
In safe out of business hours	£2,500
Personal Accident following assault resulting in:	
Death	£10,000
Permanent Total Disablement (other than loss of sight or limbs)	£10,000
Loss of Sight or Loss of Limbs	£10,000
Temporary Total Disablement	£100 per week
Book Debts	£
Employers Liability Limit	£ 5,000,000
Public Liability	£ 1,000,000
Professional Indemnity	£ 1,000,000