

Camberford LAW PLC

INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

TOUR OPERATORS and TRAVEL AGENTS



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

PROTECTOUR LIABILITY AND PROFESSIONAL INDEMNITY PROPOSAL FORM

Please complete all details in BLOCK LETTERS. Where applicable indicate **YES** or **NO**.

BUSINESS DETAILS	
Proposer's Full Name including all trading names, group companies and subsidiaries that are to be covered by the policy	
Postal Address: (including post code)	
Postal Address of all offices outside the UK (including post code)	
Please list names and dates of birth of all Company Directors/Partners	
Company Reg. No.	
If you require Employers' Liability cover, please supply your Employer PAYE Reference. (This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to.)	
If you do not have a PAYE reference, please confirm you are exempt and give the reason	
Date Established:	
Contact Name:	
Telephone Number:	
Fax Number:	

E-Mail Address:		
Website Address: (if applicable)		
Full Business Description (including details of all activities):		
Principals and Staff	Number	Annual Wage Roll
(a) UK clerical/non-manual		
(b) UK manual & drivers		
(c) Overseas (reps)		
(d) Overseas (other) (please specify)		
If the Company is new please attach CVs of Principal(s)		
Are you a Member of :	Yes	No
ABTA	Yes	No
AITO	Yes	No
Travel Trust Association	Yes	No
Other (please specify)	Yes	No
How long have you been in business at these Premises?		
How long have you been in business elsewhere?		

BREAKDOWN OF YOUR BUSINESS

	Passenger numbers for the last 12 months	Turnover for the last 12 months £	Estimated passengers for the next 12 months	Estimated turnover for the next 12 months £
Packages*				
Flight Only				

Accommodation Only				
(a) As Principal				
(b) As agent but sold in your name				
All other Retail Sales				

* Packages – holidays sold as a package as defined by the Package Travel Regulations 1992

Please specify the five principal destination countries of your PACKAGE HOLIDAYS &/or ACCOMMODATION ONLY (AS PRINCIPAL) programme, together with the passenger numbers that they represent:-		
Territorial Destinations	Packages	Accommodation as Principal
UK only		
Northern Europe		
Greece		
Turkey		
Northern Cyprus		
Northern Africa		
Central African Underdeveloped Countries		
USA/Canada		
Of the holidays sold how many have a duration of 4 days or less		

YOUR BUSINESS AS A TOUR OPERATOR		
Please specify all activities that you offer that form part of your Package Holidays and the passenger numbers: ie. scuba diving/horse riding/cycling and estimated turnover.		
Type of Holiday	Passenger Numbers	Turnover (estimate for the next 12 months) £
Beach/tourist/business trips that do not involve any activities sold directly or indirectly by you		
On piste skiing, sailing, low altitude trekking, eco-safari or off road cycling		
Off piste skiing, scuba diving, on foot safari, hill walking, pony riding, medium altitude trekking		

Helicopter skiing, white water rafting, hazardous trekking		
Climbing with ropes, bob sleighing, dog/deer sledging, hot air ballooning, jet skiing, quad biking		
Caving		

SPECIALIST HOLIDAYS		
Type of Holiday	Passenger Numbers	Turnover (estimate for the next 12 months) £
Children & Student Tours		
Coach Groups		
Vulnerable Adults		

CONFERENCE ORGANISERS		
Type of function	Turnover estimate for the next 12 months	Turnover for the last 12 months £
Organising		
Marketing		
Do you market tours to American Nationals?	Yes	No
If YES , please give full details including number of passengers and turnover		
Do you sell excursions, either as part of the pre-arranged package or in resort?	Yes	No
If YES , please indicate the estimated passenger numbers for each		
Pre-arranged:		In resort:
Do you use standard booking conditions? (copies must be submitted)	Yes	No
Do you, or any parent or subsidiary, own (wholly or partly) or operate any of the facilities used in your holidays? If YES , please detail	Yes	No

Do you inspect accommodation & other facilities regularly to ensure that safety and fire precautions are adequate and that local regulations are observed? If YES , please provide details of how this is established.	Yes	No
Are copies of any assessments retained? If YES , please include who undertakes the risk assessment and what procedures are in place to follow-up any issues that arise.	Yes	No

TYPE OF PACKAGES SOLD				
What percentage of your Package Trips are for 4 days or less?				
What percentage of your Package Trips are for 10 days or more?				
What percentage of Activities are arranged by you as part of a Package?				
Please indicate in the following table the percentage of your Package Holidays where you have indemnity contracts (ie. the suppliers contractually accept liability for their own acts or omissions)				
	Less than 25%	From 25% to 50%	From 51% to 75%	More than 75%
Ground Handler				
Hoteliers				
Coach operators				
Excursion providers				
Activity providers				
Do you check if suppliers carry adequate liability insurance? If YES , what percentage of those have adequate insurance?	Yes	No		
<ul style="list-style-type: none"> ➤ Please enclose a copy of your standard booking conditions ➤ Please enclose copies of any agency agreements you have in place with third party suppliers ➤ Copy brochures 				

CLAIMS EXPERIENCE

Please give details of all accidents/incidents/claims in the last five years whether insured or not

Please provide details of any:	Date	Details	Costs (paid)	Reserved
Complaints which have been notified to Insurers				
Injury to any traveller on a holiday/tour operated by you				
Liability claims arising from injury to Employees				

Are you aware, after enquiry, of any circumstances which may result in a claim being made against you? If **YES** please give full details

Yes

No

Has/is any claim been/being made or is any partner, principal, director, officer, consultant or employee, after enquiry, aware of any circumstances or prosecutions brought against any director or officer in respect of any neglect, error or other wrongful act committed in their capacity as director or officer (whether in relation to the activities of the business, or any other entity in which the directors or officers hold or have held office) in the last 5 years? If **YES** please give full details

Yes

No

IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER

CURRENT INSURANCE DETAILS

Please give details of your existing insurances

Insurance Type	Current Insurers Name	Indemnity Limit	Excess £	Premium £	Expiry Date
Employers & Public/Products Liability					
Professional Indemnity					
Office Property					
Directors & Officers Liability					
Travel Bond Insurance					

COVER REQUIRED

What limit of indemnity is required for Public/Products Liability?

£

£

What limit of indemnity is required for Professional Indemnity?

£

£

Is Employers' Liability (£10,000,000) required?

Yes

No

OFFICE PROPERTY

Please answer the questions in this section only if you require Office Property Insurance. Premises to be insured. Please detail the addresses of all premises to be insured in the table below (Note: If you have more than 8 premises, please contact us)

Address Line 1	Town	County	Postcode
1			
2			
3			
4			
5			
6			
7			
8			

Sum Insured/Limits

Please complete the table below to confirm the Sum Insured/Limits that you require

Section/Premises	1	2	3	4	5	6	7	8
Contents								
Computers								
Trade stock								
Landlords fixtures & fittings & tenants improvements								
All risks (Worldwide)								
Laptops & mobile phones								
Portable hand tools								
Buildings								
Documents								
Computer breakdown (Premises)								
Additional cost of working (computer breakdown)								
Loss of revenue								
Indemnity period								
Additional cost of working								
Loss of rent								
Indemnity period								
Loss of accounts receivable								
Money in safe/transit								
Fidelity								
Goods in transit								

Construction

Are all premises constructed of brick or concrete walls and roofed with slate, tile or concrete? If **NO** please provide full details

Yes

No

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Flood		
Are any of the premises in an area that has suffered, or is unduly exposed to, flood damage? If YES please provide full details	Yes	No

Security Please complete the table below to detail the security that protects each of the premises and contents therein

Address Line 1	Intruder Alarm	Manned Security	CCTV	All windows: Locked, Shuttered or Grilled	5 Lever Mortice Deadlocks on all final exit doors
1					
2					
3					
4					
5					
6					
7					
8					

Premises Occupancy Please detail any other occupants of the premises
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Address Line 1	Details of other occupants (leave blank if you are sole occupant)
1	
2	
3	
4	
5	
6	
7	
8	

Property and Business Interruption Claim/Losses		Yes	No
Have you incurred any property damage and/or business interruption losses whether insured or not? If YES please provide full details below			
Date	Details	Amount Paid	Amount Reserved
LEGAL EXPENSES			
Please complete this section only if you require Legal Expenses Insurance. This is a 'Before the Event' policy and specifically excludes events that have already taken place.			
Do you require Legal Expenses Insurance? (at a cost of £50)		Yes	No
Do you wish to extend standard cover to include Contractual Disputes? (an additional premium of £50 applies)		Yes	No
DIRECTS AND OFFICERS			
Please complete this section only if you require Directors and Officers liability insurance. This type of policy is written on a "claims made" basis. There are no days of grace for renewal negotiations under this type of policy. Cover will terminate at expiry date.			
Company Registration Number			
Company's total consolidated turnover as shown in the latest annual report and accounts			
Are the following statements true?			
The Company has been established more than 12 months		Yes	No
The Company's activities do not involve the provision of financial products or services		Yes	No
The Company's latest annual report and accounts shows positive net income (after tax)		Yes	No
The Company's latest annual report and accounts shows positive shareholder funds/net worth		Yes	No
The Company does not have any assets or subsidiaries in the USA or Canada		Yes	No
The Company's shares are not publicly traded on any stock exchange		Yes	No
No claims have been made against any past or present Director or Officer of the Company or it's Subsidiaries?		Yes	No

The proposer is not aware, after enquiry, of any circumstances which may give rise to a claim	Yes	No
Limit required		
GENERAL INFORMATION		
This section MUST be completed		
Have you or any principal in the business ever had a proposal declined, special conditions imposed, had a claim rejected, or has an insurer refused to renew or cancelled your policy? If YES please provide full details	Yes	No
Have you or any principal in the business had any convictions or have a prosecution pending? If YES please provide full details	Yes	No
Have you or any other director or partner, or any company of which any of you have been a director, or any partnership of which any of you been a partner been the subject of a County Court Judgement (or the Scottish equivalent) or been declared bankrupt or insolvent? If YES please provide full details	Yes	No

IMPORTANT NOTICES

Data Protection

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to the proposed insured/insured, the insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the insurer (whether such disclosure is made directly by the proposed insured/insured to the insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the insurer). The insurer shall be the Data Controller of any Personal Data Provided.

The insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the insurer.

The insured acknowledges that the insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

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	

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