



**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
(If so, please give details below)

Yes No

6.Income Details.

Total Turnover Last 12 months Estimate for Next 12 months

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

If Yes what percentage of your Turnover does this represent %

7b.Does more than 10% of your turnover relate to dynamic packaging? Yes No

If Yes please provide details below

Please provide details of your Tour Operator or Dynamic Packaging 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.Is Employers Liability Required? Yes No

If 'YES', please give details as below

	Number	Wage Roll
Principals and Staff in UK - Clerical	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Principals and Staff in UK - Manual	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

As of April 2011 due to the requirements of the Employers Liability Tracing Office, the Employer Reference Number (ERN) must be supplied for the Insured and all subsidiary companies, cover cannot be effected without this number.

Employer Reference Number (s)

12a.Do you have an appointed person responsible for Health and Safety issues Yes No

12b.Do you have a written Health and Safety policy that is regularly reviewed and updated (where necessary)? Yes No

12c.Are Health and Safety risk assessments undertaken and recorded? Yes No

12d. Do all employees receive Health and Safety training and training for activities undertaken and is such training recorded? Yes No

12e. Do you have a planned and recorded inspection & maintenance programme which includes vehicles where applicable? Yes No

13. 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
Injury to any traveller on a holiday / tour operated by you	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	£ <input type="text"/>
Total paid to travellers for claims / complaints other than injury	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	£ <input type="text"/>
Liability claims arising from Injury to Employees	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	£ <input type="text"/>

14. 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

15. 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"/>
c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

16. What limit of indemnity is required for :

Public / Products Liability

Professional Indemnity

CONTACT/ REPLY DETAILS.

Please give the details of the person who you wish to receive our services.

Full Name. Email. Tel.

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

Type 'I AGREE' to confirm.

SUBMIT QUOTATION

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