



PROPOSAL FORM

TOUR OPERATORS/ORGANISERS & OTHER RELATED ORGANISATIONS

Name of Proposer (including Associated/Subsidiary Companies and Trading names):	Website:
Address:	
Contact name: (Out of hours contact details will be required when cover is in place)	
Telephone (day):	
Fax:	
Email:	
Details of any Trade Associations of which you are a member:	
Precise occupation:	
Year established:	

Trading information

Estimated Turnover (for the forthcoming 12 months)	Number of passengers	Gross turnover
Inclusive Tours:		£
Flight only:		£
Accommodation only:		£
Travel Agent :		£
Other (please specify):		£



Analysis of type of tours – by Area

Estimated Turnover (for the forthcoming 12 months)	Number of passengers	Approximate % of Gross turnover
United Kingdom:		%
Europe & Mediterranean:		%
USA/Canada & Caribbean:		%
Africa :		%
Elsewhere (please specify):		%

Analysis of type of tours – ‘Activity’ holidays

Estimated Turnover (for the forthcoming 12 months)	Number of passengers	Approximate % of total Gross turnover
Winter Sports:		%
Conference and Incentives:		%
School & Student Tours:		%
Coach Groups :		%
Specialist Activities - please specify and attach brochure(s):		%

(Please enclose details of tours from your brochure(s) or web pages)

History

Please give details of incidents that may have constituted a ‘disaster’ that have occurred during the past 5 years (whether insured or not):



Please give details of cover you have previously had for this type of risk:	Insurer: Premium: Expiry date:
If you have made a claim please provide details:	

Cover required

The limits shown below are standard to this policy – if different levels are required please specify

Estimated Turnover (for the forthcoming 12 months)	Standard Limit
Limit per claim:	£250,000
Limit per policy period:	£1,000,000
Excess/Deductible per claim:	£2,500
Special requirements:	

IMPORTANT – DISCLOSURE OF MATERIAL FACTS

All material facts known to you must be disclosed. A material fact is one which would be likely to influence an Insurer in the assessment and acceptance of the proposal. Should you have any doubt whether a fact is material it should be disclosed for your own protection as failure to disclose such facts will invalidate the policy.

You are recommended to keep your own record (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available upon request.



DECLARATION

I declare that, to the best of my knowledge and belief, the information provided in connection with this application, 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. (* A material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in any doubt as to whether a fact is material or not you should disclose it.)
I understand that signing this declaration does not bind me to complete, or Underwriters to accept, this insurance.

DATA PROTECTION ACT 1998

I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing information to third parties.

Signature of Proposer

Position

Date
