



P J Hayman & Company Limited  
www.pjhayman.com

# Tour Operator Liability Insurance

Please complete this application form (in BLOCK CAPITALS) and return it to:  
Tour Operator Liability Dept, P J Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire, PO9 6DX  
Tel: 0845 230 3526 Fax: 023 9241 9019

## About Your Business

Full name of proposer (including any subsidiary companies & trading names)

Contact name

Full description of business

Year established

Where the company is new please attach CV(s) of principal(s)

Website address

Are you a member of **ABTA**  Yes  No **AITO**  Yes  No **Travel Trust Association**  Yes  No

Other(s) - please specify

Principal address

HMRC Employer Ref no:

Principal and Staff

Number

Annual wage roll

(a) UK clerical/non-manual

£

(b) UK manual & drivers

£

(c) Overseas (reps)

£

(d) Overseas (other)

please specify .....

£

Proposal Form

## Breakdown Of Your Business

	Passenger numbers last 12 months	Turnover last 12 months	Estimated passengers for next 12 months	Estimated turnover for next 12 months
<b>a) Tour operator</b>				
Packages	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
Accommodation only (as principal)	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
<b>b) Travel agent</b>				
Accommodation only sold in your name	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
All other sales excluding flights only	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
<b>c) Flight only</b>	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
<b>d) Connected travel insurance (gross written premium)</b>		£ <input style="width: 100%;" type="text"/>		£ <input style="width: 100%;" type="text"/>

## Breakdown of Tour Operator Business

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

Of the holidays sold how many have a duration of 4 days or less \_\_\_\_\_

Please specify all activities that you offer that form part of your **Package Holidays** and the passenger numbers: i.e. scuba diving/horse riding/cycling

Activity Holidays	Passenger Numbers

Please continue on a separate sheet if required.

Specialist Holidays	Passenger Numbers
Children & Student Tours	
Groups & Conferences	
Coach Groups	
Vulnerable Adults	

### General

Do you market tours to American Nationals?  Yes  No

If 'YES', please give full details:

Do you sell excursions, either as part of the pre-arranged package or in resort? Please indicate the estimated number of each.

Pre-arranged	In resort
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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?  Yes  No

Please include who undertakes the risk assessment and what procedures are in place to follow up any issues that arise.

Please indicate in the following table the percentage of your **Package Holidays** where you have indemnity contracts (i.e. 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%
Group Handler				
Hoteliers				
Coach Operators				
Excursion Providers				

Do you check if suppliers carry adequate liability insurance?  Yes  No  
If 'YES' what percentage of those have adequate insurance \_\_\_\_\_ %

**Please enclose:**

- A copy of your standard booking conditions
- Copies of any agency agreements you have in place with third party suppliers
- Copy brochures

## Directors & Officers

### Statement of Fact

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| a You have been trading for at least 2 years   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b Your company does not operate in the financial services or legal sector  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c Your company has made a profit in the last 12 months   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d Your last annual accounts declared a positive net worth (i.e. your company's assets exceeded its liabilities)        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e Your latest filed annual report & accounts were unqualified  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f Your company is not listed on the stock exchange   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g Your company is not planning any public or private offering of securities within the next year                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| h Your company does not have any assets in or turnover to/from the USA   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| i In the last five years, the company has not been the subject of an investigation by any official body or institution | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## 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  Yes  No

If 'YES' please give full details

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

Yes  No

If 'YES' please give full details

If required please continue on a separate sheet or accompanying letter

### Current Insurance Details

Please give details of your existing insurances

Current Insurers Name	Indemnity Limit	Excess	Premium	Expiry Date
Public/Products Liability: _____	£	£	£	£
Professional Indemnity: _____	£	£	£	£
Employers' Liability: _____	£	£	£	£

### 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

What limit of indemnity is required for DIRECTORS & OFFICERS

£

### Declaration

To the best of my/our knowledge and belief the information provided in connection with this proposal, whether in my hand or not, is true and I/we have not withheld any material facts.

I/we understand that non-disclosure or misinterpretation 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 the risk by Insurers. **If you are in doubt as to whether a fact is material or not, please disclose it).**

I/we understand that signing this declaration does not bind me/us to complete, or Insurers to accept, this insurance. **I/we agree that this proposal will form the basis of the contract with Insurers.**

Signature ..... Name (please print) .....  
 (Partner/Director)

Date: ..... Position: .....