

COMBINED LIABILITY & PROFESSIONAL INDEMNITY FOR TOUR OPERATORS & TRAVEL AGENTS

1. Name of the Proposer (Incl. Associated/Subsidiary Companies and Trading Names)

--

2. Principal Address:

Telephone Number :	Post Code:	Contact Name:
Fax Number:		

3. Full Business Description & Nature of Holidays Provided

4. Year Established

--

--

5. Address of all other offices in full:

--

6. Please specify membership of any other trade associations:

ITAA

--

BITOA

--

NAITA

--

IATA

--

ABTA

--

AITO

--

7. a) Total No. of Principals and Staff in Ireland

1) Clerical

--

1) Wageroll

--

2) Non- Manual Field Operatives 2) Wageroll

--

--

b) Total No. of Principals & Staff Overseas

1) Clerical

--

1) Wageroll

--

subject to Irish 2) Non-Manual Field Operatives 2) Wageroll

--

--

Conditions of Employment

8. Turnover

	<u>Last 12 Months</u>	<u>Estimate for next 12 months</u>
As a Tour Organiser		
Inclusive Tours:	€	€
Flight Only:	€	€
Accommodation Only:	€	€
As a Travel Agent	€	€

9. Total Number of Travellers:

	<u>Last 12 Months</u>	<u>Estimate for next 12 Months</u>
As a Tour Organiser:	Pax	Pax
Inclusive Tours:	Pax	Pax
Flight Only:	Pax	Pax
Accommodation Only:		

10. What percentage of your Turnover represents Group/Incentive Travel & or Conference Organising %

11. Do you or any parent or subsidiary, own (wholly or partly) or operate and accommodation or transport ? YES NO

If 'YES', please give details

12.(a) Please specify the proportion of turnover represented by the following destinations in your package holiday programme.

Country	<u>Last 12 Months</u>	<u>Estimate for Next 12 Months</u>
(i) European Union (plus Norway, Iceland, Switzerland and Lichtenstein)	%	%
(ii) Rest of Europe, Turkey, Morocco and Tunisia	%	%
(iii) U.S.A./Canada	%	%
(iv) Africa, Egypt and Middle East	%	%
(v) Rest of the World	%	%
Activity Holidays Where the activity is a <u>significant part</u> of the holiday	<u>Last 12 Months</u>	<u>Estimate for Next 12 Months</u>
	Pax	Pax
Winter Sports	Pax	Pax
Sailing, Canoeing, Scuba Diving, White Water Rafting etc	Pax	Pax
Other specialists/hazardous activities, (e.g. Trekking, Climbing etc)	Pax	Pax
C. Children & Student Tours	Pax	Pax

13. Please give approximate passenger numbers in respect of **INCOMING** Tours as follows:-

American/Canadian Nationals

Others

14. Do you market tours **IN** America for American Nationals YES NO

If 'YES' please give details

15. Do you inspect accommodation regularly to ensure that safety and fire precautions are adequate and that local regulations are observed ? YES NO

16. Do you ensure that your suppliers (e.g. Hoteliers, coach operators etc.) operate to at least the health and safety standards of their home country ? YES NO

17. Do you check the insurance arrangements of all your suppliers ? YES NO

18. Do you use standard contracts with your suppliers which ensure that they are contractually liable for their own activities ? YES NO

If 'YES', please provide sample contract.

19. Do you ensure that any instructors who are not your employees are contractually liable for their own activities ? YES NO

If 'YES', please provide sample conditions.

20. Please give details of accidents/claims in the last five years settled or outstanding

	<u>Date</u>	<u>Details</u>	<u>Cost</u>
A. Injury to any traveller on a holiday/ tour operated by you			

	<u>Number</u>	<u>Cost</u>	<u>Year</u>
B. Total paid to travellers for claims/ complaints other than injury, with the number of incidents			

	<u>Date</u>	<u>Details</u>	<u>Cost</u>
C. Liability claims arising from Employees			

D. Are you aware of any circumstances which may result in a claim being made against you ? YES NO

If 'YES', please provide details.

21. Please give details of existing insurances in respect of :

- a) Public/Products Liability
- b) Professional Indemnity

c) Employers Liability

<u>INSURER</u>	<u>INDEMNITY LIMIT</u>	<u>EXCESS</u>	<u>PREMIUM</u>	<u>EXPIRY DATE</u>
a)				
b)				
c)				

22. What limit of indemnity is required for:

Public/Products Liability (€3,000,000 / €5,000,000)

Professional Indemnity (€350,000)

23. Is Employer's Liability cover required ? (Limit of Indemnity €13,000,000)

YES NO

24. Excess (Optional Increase for Public/Products Liability cover only)

If your business is 100% Incoming Tours and/or a Travel Agency the standard excess is €1,500.

Do you wish to increase this to €2,500?

YES NO

If your business involves overseas tours the standard excess is €2,500.

Do you wish to increase this to €5,000?

YES NO

Please provide:-

1. Specimen brochures for Tour Operating activities including booking conditions together with copies of your standard contracts with suppliers
2. If a new venture a CV of the Principal(s) in the Business .

DECLARATION

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

I 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 understand that signing this declaration does not bind me to complete, or Insurers to accept, this insurance.

I agree that this proposal will form the basis of the contract with Insurers.

Signature of Proposer

Position

Date