



Vantage Underwriting

A division of Vantage Insurance Services



Proposal Form

41 Eastcheap, London, EC3M 1DT

T 020 7655 8060 E enquiries@vantageinsurance.co.uk

www.vantageinsurance.co.uk  [@vantage_insure](https://twitter.com/vantage_insure)



Vantage Underwriting is a division of Vantage Insurance Services Limited (VISL) which is authorised and regulated by the Financial Conduct Authority. VISL is registered in England No. 3441136.

1. About Your Business

Full Name of Proposer: (including any Subsidiary Companies & Trading Names)

Contact Name & Email Address:

Full Description of Business:	Year Established:
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Where the Company is new please attach CV(s) of Principal(s)

Website Address:

Are you a member of: (please tick as appropriate)

ABTA AITO Travel Trust Association

Other: (please specify)

Principal Address:	Addresses of all offices outside country of domicile:
Postcode:	
Email:	
Tel No:	
Fax No:	
Company Reg. No:	

2. Employees

Principals & Staff: (Including Seasonal Staff)	Number:	Annual Wage Roll:
Clerical/Non-manual:		£
Manual & Drivers:		£
Overseas (reps):		£
Overseas (other) - Please Specify:		£
Volunteers:		

Please detail any **manual** &/or **hazardous** work e.g. Skiing, White Water Rafting etc. carried out:

The completion of the following fields are mandatory should Employers Liability insurance be required. We are required to capture your Employers Reference Number (ERN) for each company unless your company has a legitimate exemption and in which case please indicate this by completing this field with a 'Y'.

Please ensure that all of your companies and subsidiary companies which you require to be insured are noted accurately together with their full address. The first should be the Parent, which is indicated by entering 'P' in the 'Company Type' field. The subsequent records should be entered individually with 'C' in the 'Company Type' field.

The ERN can be obtained from mandatory HMRC documentation, including P45, P60, P11/D and most payslips. Numbers allocated since 2001 will mostly have a format of NNN/Aznnnnn - (NNN is the 3 digit number for the Tax Office catchment area / Aznnnnn is the ERN, Az being alpha, nnnnn being numeric).

Company Name:	Company Type:	Address:	ERN:

Please continue on a separate sheet or accompanying letter.



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3. Breakdown Of Your Business

Tour Operator	Passenger Numbers Last 12 Months	Turnover Last 12 Months	Estimated Passengers For Next 12 Months	Estimated Turnover For Next 12 Months
1. Packages*		£		£
2. Accommodation Only (As Principal)		£		£
Travel Agent				
1. Accommodation Only Sold In Your Name		£		£
2. All Other Sales Excluding Flight Only		£		£
3. Flight Only		£		£
4. Flight Plus Arrangements		£		£
5. Connected Travel Insurance		£		£

* Packages - holidays sold by you as an Organiser as defined by European Council Directive 90/314/EEC

If any of the Travel Agent turnover shown in 4 below involves you acting as an Organiser, as defined in the EC Directive 90/314/EEC, please state the approximate percentage of relevant turnover this represents:	%
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Of your Packages what proportion, if any, is incoming or directly with American or Australian customers? Please specify (%):

American:	%
Australian:	%
Other:	%

Connected Travel Insurance Sales What level of Authorisation do you have? (Tick as appropriate)		
Fully Authorised: <input type="checkbox"/>	Introducer Appointed Representative: <input type="checkbox"/>	Appointed Representative: <input type="checkbox"/>



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4. Breakdown Of Tour Operator Business

a. 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:		

b. Please specify all activities that you offer that form part of your pre-arranged Package Holidays together with the corresponding passenger numbers: i.e. Climbing/Trekking/Scuba Diving/Horse Riding/Cycling/Skiing or Snowboarding (where tuition is included), Husky Sledging etc:

Activity Holidays	Passenger Numbers

c. Do you sell adventure activities excursions in resort as a Principal? Yes No

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



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5. Contracts With Suppliers

a.	Have you entered into any formal agreement with a third party where you offer an indemnity in circumstances where liability would not otherwise have attached? If yes, please provide details:
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Name Of Company	Total Turnover Value	Passenger Number
	£	
	£	
	£	
	£	
	£	

b.	Have you entered into any formal agreement with a third party where you receive the benefit of an indemnity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details:

	Less Than 25%	From 25% To 50%	From 51% To 75%	More Than 75%
Ground Handler:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoteliers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach Operators:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excursion Providers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c.	Are all the agreements referred to in 5(b) above governed by the law of any of the jurisdictions of the UK:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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d.	Do you check if suppliers carry adequate liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES what percentage of those have adequate insurance?	%
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6. General

A.	Do you market tours to American or Australian Nationals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', please give full details:

B.	Do you use standard booking conditions? (copies must be submitted)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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C.	Do you, or any parent or subsidiary, own (wholly or partly) or operate any of the accommodation, transport or activities used in your holidays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', please give full details:

D.	Do you or your agents inspect accommodation & other facilities regularly to ensure that safety and fire precautions are adequate and that local regulations are observed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'YES', please provide details of how this is established:

E.	Are copies of any assessments retained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please indicate who undertakes the risk assessment and what procedures are in place to follow up any issues that arise:

Please enclose:

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

7. Directors & Officers

Only to be completed if cover is required

Statement of Fact	Yes	No
Are you a UK registered private company?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Tour Operator or Travel Agent?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any proposal relating to your acquisition by another organisation during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you intending a public offering of securities in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do your latest report and accounts show a positive net worth?	<input type="checkbox"/>	<input type="checkbox"/>
Do your latest report and accounts show a positive net income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any subsidiaries or assets outside of the United Kingdom?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the Board of Directors ever been declared bankrupt, gone into liquidation or ever been charged or convicted of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any claims brought against you or the Insured Directors?	<input type="checkbox"/>	<input type="checkbox"/>
After enquiry of the insured Directors are you aware of any circumstances that may give rise to a claim under this policy?	<input type="checkbox"/>	<input type="checkbox"/>

Employment Practices Liability

	Yes	No
Have you made any redundancies in the last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate any redundancies in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have contract of employment been issued to all employees?	<input type="checkbox"/>	<input type="checkbox"/>
Have written employment and grievance policies been communicated to all new and existing employees? Including matters such as discrimination & harassment	<input type="checkbox"/>	<input type="checkbox"/>
Are progressive disciplinary procedures followed and minuted?	<input type="checkbox"/>	<input type="checkbox"/>
During the last 3 years has the company or any of its employees encountered any employment related claims, complaints, administrative or tribunal hearings or litigation?	<input type="checkbox"/>	<input type="checkbox"/>



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8. Claims Experience

A. 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:				

- | | Yes | No |
|---|--------------------------|--------------------------|
| B. In the last five years, have there been any claims or investigations made against the company, its directors, officers or employees which may have been covered by any insurance policy had it been in force? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. After enquiry, is the company or its directors, officers or employees aware of any fact, circumstance, allegation or incident which may give rise to a claim under any insurance policy for which cover is now being sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have any of the Board of Directors ever been declared bankrupt, gone into liquidation or ever been charged or convicted of a criminal offence? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "YES" to either of the questions above please provide full details:

If required please continue on a separate sheet or accompanying letter

9. Current Insurance Details

A. Please give details of all accidents/incidents/claims in the last five years whether insured or not				
	Indemnity Limit	Excess	Premium	Expiry Date
Public/Products Liability:	£	£	£	£
Professional Indemnity:	£	£	£	£
Employers' Liability:	£	£	£	£
Current Insurers:				
Brokers Name & Address:				
Contact Name:				

10. Cover Required

	Indemnity Limit	
Public/Products Liability:	£	
Professional Indemnity:	£	
Employers' Liability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Directors & Officers:	£250,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>
	£500,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>
Crisis Management:	£100,000 <input type="checkbox"/>	£250,000 <input type="checkbox"/>

IMPORTANT INFORMATION - YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. You must therefore tell us about all facts and circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it. If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a) deliberate or reckless; or
- b) of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- a) reduce proportionately the amount payable on any claim by reference to the ratio which the premium actually charged bears to the premium which we would have charged had you told us about a material fact or circumstance (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- b) treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check that all of the facts, statements and information set out in this form are complete and accurate. You must check with anyone you employ in your business that the facts and statements set out in this form are complete and accurate.

IF ANY OF THE FACTS, STATEMENTS AND INFORMATION SET OUT IN THIS FORM ARE INCOMPLETE OR INACCURATE, YOU MUST CONTACT US IMMEDIATELY. FAILURE TO DO SO COULD INVALIDATE YOUR POLICY OR LEAD TO A CLAIM NOT BEING PAID.

DECLARATION

I/we declare that:

- a) I/we have read this form and understand that I/we are under a duty to make a fair presentation of the risk and that failure to do so could result in my/our Policy being invalidated and/or a claim not being paid
- b) the facts, statements and information contained within this form, whether provided by me/us or by others on my/our behalf, are true and complete
- c) any facts, statements and information which are not contained within this form but which have been provided to you separately by me/us or by others on my/our behalf are true and complete
- d) I/we have declared all material facts and circumstances which may affect the risk of being accepted by you under this Policy even if you have not asked me/us any questions about such facts
- e) I/we have made all reasonable enquiries of those who work for or with me/us to ensure that all facts, statements and information provided to you are accurate and correct.

Signature: (Partner/Director)

Name: (Please print)

Date:

Position:



HCC International Insurance Company plc
Fitzwilliam House
10 St Mary Axe, London, EC3A 8BF



Vantage Underwriting Agency
A division of Vantage Insurance
Services Ltd, 41 Eastcheap
London, EC3M 1DT