

The Insurance Act 2015 requires the “insured” to have made a **fair presentation** to “insurer” before a contract of insurance is entered into. As of 12 August 2016, the obligations of the insured change significantly. Policyholders and prospective policyholders are actively encouraged to ask their insurance broker for guidance on how to make a **fair presentation** and enquiry has to be conducted. This form may **assist** you in forming part of a **fair presentation** but it is **not** an exhaustive document and you **must** make every effort to fully investigate of your Senior Management all material circumstances that may be relevant to us.

## Who is to receive indemnity of the policy?

Full Names of Proposers (including all Associated/Subsidiary Companies & Trading Partners Names)

## What is the primary Business Address?

Postcode

Tel No:

Fax No:

Email:

Website:

Principal Contact:

Co Reg No:

Year Established:

If less than 12 months please provide CV's of proprietors / directors / partners

Please provide a full description of your business activities

## What Trade Association are you members of?

| ABTA                           | Please provide all ABTA numbers |                     |                   |
|--------------------------------|---------------------------------|---------------------|-------------------|
| AITO                           | ABTOF                           | Advantage           | Worldchoice / TTA |
| Global Travel Group            | C.P.T / Coachmarque             | School Travel Forum | UKInbound         |
| Others; Please provide details |                                 |                     |                   |

## What are your existing insurance arrangements?

|                                    | Underwriters | Expiry / Renewal<br>Date dd/mm/yyyy | Premium | Excess |
|------------------------------------|--------------|-------------------------------------|---------|--------|
| Public & Products Liability        |              |                                     |         |        |
| Professional Indemnity             |              |                                     |         |        |
| Employers Liability (see end note) |              |                                     |         |        |

|                                    |           |         |
|------------------------------------|-----------|---------|
| Client / Brochure Travel Insurance | Provider: | Status: |
|------------------------------------|-----------|---------|

### What insurance cover do you require?

|                                                           |                                                                                                                                                                                 |                                  |                                        |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|
| <b>Public &amp; Products Liability</b><br>– any one claim | (min) <input type="checkbox"/> £2,000,000 or <input type="checkbox"/> £5,000,000 or <input type="checkbox"/> £10,000,000 Other £_____                                           |                                  |                                        |
| <b>Crisis Costs</b>                                       | 24/7 365 Crisis support is <b>included</b> within our Public Liability cover. We offer additional cover to proactively manage the press and media during and after an incident. |                                  | <b>Add PR Cover</b><br><b>Yes / No</b> |
| <b>Employers Liability</b>                                | UK Legal Liability                                                                                                                                                              | £10,000,000 (as required by Law) | <b>Yes / No</b>                        |
| <b>Professional Indemnity</b>                             | Limit <u>any one</u> event                                                                                                                                                      | £ 1,000,000 or other             | <b>Yes / No</b>                        |
|                                                           | Insurance Sales Extension £ 1,750,000<br>(as required by Regulators)                                                                                                            |                                  | <b>Yes / No</b>                        |

### Profile of your Business

|                                                | Actual Last Year |  | Estimated Next Year |  |
|------------------------------------------------|------------------|--|---------------------|--|
| Please indicate what period range these are:   |                  |  |                     |  |
| Tour Operating/Principal Status – see note (1) | Gross t/o £      |  | Gross t/o £         |  |
| Travel Agency – see note (2)                   | Gross t/o £      |  | Gross t/o £         |  |
| Flight Only Sales                              | Gross t/o £      |  | Gross t/o £         |  |
| Flight Only Sales                              | Pax number       |  | Pax number          |  |
| Accommodation Only as an “Agent”               | Gross t/o £      |  | Gross t/o £         |  |
| Accommodation Only as an “Agent”               | Pax number       |  | Pax number          |  |
| Insurance Sales                                | Commission £     |  | Commission £        |  |

### Package Tour Operator and/or Principal Status

|                                                                     | Full Board | Average tour<br>Duration in<br>Days | Pax numbers<br>Last year | Estimated Pax<br>Next year |
|---------------------------------------------------------------------|------------|-------------------------------------|--------------------------|----------------------------|
| United Kingdom                                                      | %          |                                     |                          |                            |
| Europe & Mediterranean (excluding Turkey)                           | %          |                                     |                          |                            |
| USA / N America &/or Australasia                                    | %          |                                     |                          |                            |
| South Africa, Africa & Turkey                                       | %          |                                     |                          |                            |
| Rest of the World (please break down into the<br>Countries visited) | %          |                                     |                          |                            |

### Activities and Specialist Tours

|                                                                                                                                                   | Pax numbers<br>Last year | Estimated Pax<br>Next year |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------|
| Winter Sports, motorised sports, scuba adventure water                                                                                            |                          |                            |
| Horse Riding                                                                                                                                      |                          |                            |
| Other adventure and activity                                                                                                                      |                          |                            |
| Children, Students & Vulnerable Adults - see note (*)<br>Standard cover will exclude "Abuse" Tick here for cover to be considered by underwriters |                          |                            |
| Groups and/or Conferences and/or Coach Tours                                                                                                      |                          |                            |
| Cruises (with Principal Status and/or directly operated by you)                                                                                   |                          |                            |

**(1) Tour Operating Activities may include creating your own packages by either:**

1. combining travel services and advertising them for sale,
2. by combining travel services and setting your own price,
3. by putting together tailor made or dynamic holidays for which you charge a single inclusive price.
4. by adopting "principal" status to the contract

**(2) Travel Agent Activities may include selling:**

1. the package holidays offered by tour operators, either dynamically packaged, tailor made, or brochured.
2. Selling of Linked Travel Arrangements

**(\*) Vulnerable Adults,**

Are adults aged 18 or over who are in need of assistance by reason of mental, physical or learning disability, age or illness and who are unable to take care of themselves or unable to protect themselves against significant harm or serious exploitation which may be occasioned by the acts or omissions of other people

### Risk Management

It is important to help us understand your business, that the questions below are answered as fully as possible. Further disclosure of material circumstances may be required, you should discuss such with your insurance broker.

|            |                                                                                                                                 |     |    |
|------------|---------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>RM1</b> | Do you use standard booking conditions? (we recommend that you send us copies of these)                                         | Yes | No |
| <b>RM2</b> | Do your standard booking conditions with customers accept liability for <b>all</b> suppliers, local excursions and/or services? | Yes | No |
| <b>RM3</b> | Do you permit any alterations to RM1, RM2? (if Yes, please explain when/why)                                                    | Yes | No |

Do you or any parent or subsidiary company;

|            |                                                                                           |     |    |
|------------|-------------------------------------------------------------------------------------------|-----|----|
| <b>RM4</b> | i) own or operate any accommodation or transport or any component of any package holiday? | Yes | No |
| <b>RM5</b> | ii) own or operate any crèche or childcare facilities in resort?                          | Yes | No |
| <b>RM6</b> | iii) own or operate any overseas booking office?                                          | Yes | No |

If RM4, RM5 or RM6 are Yes, we would recommend that full details be supplied for consideration by underwriters. Such would be considered as Special or Unusual material circumstances.

|            |                                                                           |     |     |
|------------|---------------------------------------------------------------------------|-----|-----|
|            | Do you offer Excursions?                                                  | Yes | No  |
| <b>RM7</b> | If "yes" are they operated by you (US) or by independent suppliers (IND)? | US  | IND |
|            | If "IND" do you obtain full indemnity from the suppliers?                 | Yes | No  |
|            | What percentage of excursions are sold "pre-departure"?                   |     | %   |

Tour Operators and Accommodation providers are potentially liable for the "proper performance" of the components within a travel arrangement. How that "risk" is managed often determines whether we would write an insurance policy and always what premiums we charge.

|             |                                                                                                                                                                                    |     |    |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>RM8</b>  | Do you/your agents inspect accommodation regularly and keep records, that safety and fire precautions are adequate and that local regulations and standards are observed?          | Yes | No |
| <b>RM9</b>  | Do you/your agents annually check the insurance arrangements of all your suppliers and annually retain evidence of such?                                                           | Yes | No |
| <b>RM10</b> | Do you use standard contracts with your suppliers which ensure that they are contractually liable for their activities? If no, what do you do? (refer to your supplier agreements) | Yes | No |

|             |                                                                                               |  |  |
|-------------|-----------------------------------------------------------------------------------------------|--|--|
| <b>RM11</b> | What Health and Safety, Risk Assessment and / or Complaints Handling training do you provide? |  |  |
|-------------|-----------------------------------------------------------------------------------------------|--|--|

|             |                                                                                                                     |  |  |
|-------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>RM12</b> | How do you/your suppliers or your local agents maintain Risk Assessments and Health and Safety standards in resort? |  |  |
|-------------|---------------------------------------------------------------------------------------------------------------------|--|--|

|             |                                                                                                                                   |     |    |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>RM13</b> | If "all Inclusive" packages are offered do hotels follow and evidence HACCP/ and or EC Directive 93/43 The hygiene of Foodstuffs? | Yes | No |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|----|

#### Employers Liability (if this is insured we need to know)

|                                                   | Number of staff                                                                       | Gross Wage roll |
|---------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|
| UK clerical / managerial / sales staff            |                                                                                       | £               |
| Homeworkers                                       |                                                                                       | £               |
| UK Contracted Staff temporarily employed overseas |                                                                                       | £               |
| Other staff - please advise duties                |                                                                                       | £               |
| Employers Reference Number (ERN Reference)        | The only valid ERN reference format is 3 numbers (NNN) / 1 or 2 letter then 4 numbers |                 |

#### Employers Liability – Important Note

Effective April 2011, UK insurers must collate data for the Employers Liability Database. For all companies, including subsidiaries, who require Employers Liability Insurance to be insured under this policy, please complete ERN above. You will need your HMRC records on which an Employer Reference Number (ERN) is quoted – this is unique for each employer. The only valid ERN reference format is three numbers (NNN) / one or two letter then four numbers.

### General Details

The past experience of the insurance risk and the management of the business affects our anticipation of the performance of the risk in the future and is significantly material to whether we would offer an insurance policy and/or the premiums charged. Please always fully disclose material circumstances.

**GD1** Please give details below of proprietors / partners / directors

| Full Name | Age | Qualifications / Experience | Date Qualified | No. Years in this capacity |
|-----------|-----|-----------------------------|----------------|----------------------------|
|           |     |                             |                |                            |
|           |     |                             |                |                            |
|           |     |                             |                |                            |
|           |     |                             |                |                            |
|           |     |                             |                |                            |
|           |     |                             |                |                            |

**GD2** In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors or officers are or have been engaged, has any insurer ever declined a proposal, refused renewal, terminated any insurance or imposed special terms ?

Yes No

**GD3** Does the business/practice or any of the partners/directors act on behalf of, or work for any firm company or organisation, in which the business/ practice or any partner/director has a financial interest or any partner/director perform an executive role or hold a position whereby he/she is able to make major decisions on behalf of such firm, company or organisation?

Yes No

**GD4** Do you keep detailed records of

i. the original holiday / travel / booking form?

Yes No

ii. subsequent amendments whether made in writing, verbally or in a telephone call?

Yes No

|            |                                                                                                                                                                  |                              |                             |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>GD5</b> | Do you obtain recruitment references for all new employees?                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>GD6</b> | Do you market tours in the USA or Canada for tours taking place there?                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>D02</b> | Does the business have any equity/assets/debt(s) or subsidiary companies in the USA or Canada?                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>D03</b> | Has the operating profit of the business been positive in at least one of the last 2 years?                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>D04</b> | Has the Net Asset Value of the business been positive in each of the last 2 years? (fixed and current assets less current and long term liabilities)             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>D05</b> | Is the business able to pay its debts when they fall due?                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>D06</b> | If the business is required to have audited accounts, the accounts for the last financial period have an auditor's opinion, which is not "qualified" in any way? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>D07</b> | Are there any proposals at the present time, which have been publicised relating to the acquisition of the business by, or its merger with, any other entity?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Claims Experience

The past claims experience of the insured risk affects our anticipation of the performance of the risk in the future and is material to whether we would offer an insurance policy and/or the premium charged and/or on which terms we would write the risk. Please always fully disclose material circumstances.

| <b>CE1</b> | In relation to the risks to which this request for insurance relates, have there been <b>any</b> accidents, incidents, notifications or claims in the last 5 years, whether insured or not?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No    |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|-------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|            | If yes please give details below or attach confirmed claims experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            | <table border="1"> <thead> <tr> <th>Date</th> <th>Circumstances and type of loss</th> <th>Claims Paid</th> <th>Claims Reserved</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                           | Date                         | Circumstances and type of loss | Claims Paid | Claims Reserved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date       | Circumstances and type of loss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Claims Paid                  | Claims Reserved                |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CE2</b> | Is any partner, principal, director, officer, consultant or employee after enquiry, aware of any circumstance, or prosecution brought, which might give rise to a claim against a) the Company b) any director, officer, trustee, committee member or employee, in respect any neglect, error or other wrongful act committed in their capacity as a director, officer, trustee, committee member or employee during the last 5 years whether in relation to the activities of the Company or any other entity in which they have held office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No    |             |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**We recommend that you keep a record of all information supplied to us for the purpose of entering into the insurance contact so that you can, when called upon, evidence that you have provided us a fair presentation of risk.**

**Enquiries to make a “fair presentation” should include all senior management, customer service providers, contract negotiators, planning departments, finance, marketing, human resources, health and safety and the general operations of the company.**

**Any special or unusual facts should be declared to insurers.**

### Declaration

I/We understand that deliberate or reckless non-disclosure of a material circumstance may entitle Insurers to void the insurance and retain the premiums paid.

**Name (Please Print)**

REQUIRED

**Signature**

REQUIRED

**Position in Company**

REQUIRED

**Date**

REQUIRED

### Law Applicable

The parties to the Policy have the right to choose the law applicable to the Policy. Unless the parties agree otherwise in writing any disputes concerning the interpretation of this Proposal or the Policy shall be governed and construed in accordance with English law and shall be resolved within the non-exclusive jurisdiction of the courts of England and Wales

### Data Protection

Any information you have provided will be dealt with by the AXA XL Insurance Company UK Limited and Touchstone Underwriting Ltd in compliance with the provisions of the Data Protection Act and our GDPR obligations. For the purpose of providing this insurance and handling or any claims or complaints which may arise under it, AXA XL Insurance Company UK Limited and Touchstone Underwriting Ltd may need to transfer certain information which you have provided to other parties. By signing this proposal, you agree that such transfer(s) may be made.

All Personal Information supplied by you will be treated in confidence by Touchstone Underwriting Ltd and will not be disclosed to any third party except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of Touchstone Underwriting Ltd or our agents or sub-contractors.

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