

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 Date dd/mm/yyyy	Premium	Excess
Public & Products Liability				
Professional Indemnity				
Employers Liability (see end note)				

Client / Brochure Travel Insurance	Provider:	Status:
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What insurance cover do you require?

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

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 Duration in Days	Pax numbers Last year	Estimated Pax 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 Countries visited)	%			

Activities and Specialist Tours

	Pax numbers Last year	Estimated Pax Next year
Winter Sports, motorised sports, scuba adventure water		
Horse Riding		
Other adventure and activity		
Children, Students & Vulnerable Adults - see note (*) 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.

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

Do you or any parent or subsidiary company;

RM4	i) own or operate any accommodation or transport or any component of any package holiday?	Yes	No
RM5	ii) own or operate any crèche or childcare facilities in resort?	Yes	No
RM6	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.

RM7	Do you offer Excursions?	Yes	No
	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.

RM8	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
RM9	Do you/your agents annually check the insurance arrangements of all your suppliers and annually retain evidence of such?	Yes	No
RM10	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

RM11	What Health and Safety, Risk Assessment and / or Complaints Handling training do you provide?
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RM12	How do you/your suppliers or your local agents maintain Risk Assessments and Health and Safety standards in resort?
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RM13	If "all Inclusive" packages are offered do hotels follow and evidence HACCP/ and or EC Directive 93/43 The hygiene of Foodstuffs?	Yes	No
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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

GD5	Do you obtain recruitment references for all new employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GD6	Do you market tours in the USA or Canada for tours taking place there?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D02	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
D03	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
D04	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
D05	Is the business able to pay its debts when they fall due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D06	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
D07	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.

CE1	In relation to the risks to which this request for insurance relates, have there been any 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																				
CE2	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.

Presented to Touchstone Underwriting by

Add your company details below

Company name

REQUIRED

Company address

REQUIRED