



Camberford  
Underwriting

Tour  
Operators &  
Travel Agents

Proposal Form

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## 1. IMPORTANT INFORMATION

### 1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

### 1.2 Data Protection – How we will use your Data

#### The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

**Your rights:**

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

**Want more details?**

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

[www.camberford.com/privacy](http://www.camberford.com/privacy)

**Contact Details**

Camberford Underwriting  
Data Protection Officer  
50 Fenchurch Street  
London  
EC3M 3JY

## 2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

### 3. PROPOSER DETAILS

**3.1 Proposer(s):**  
Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

**3.2 Individual Name(s):**  
Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

**3.3 Correspondence Address:**  
Full postal (correspondence) address:

Post Code:

**3.4 Years Established:**  
Number of years the proposer has been established:

**3.5 Years Experience:**  
Number of years experience of the proposer within your business activities:

**3.6 FCA Classification:**  
Please complete the following information which we must have for regulatory classification.

Does the Proposer’s annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	



## 4. BUSINESS ACTIVITIES

4.1 Please answer appropriately to describe your business:

Tour Operator	YES/NO
Travel Agent	YES/NO
Coach Operator	YES/NO
ATOL Accredited Body Member	YES/NO
Bed Bank	YES/NO

4.2 If any alternative or additional activities are involved in your business, please use the box below to fully describe this/these. You will not be covered for activities that are not disclosed.

4.3 Please answer appropriately to confirm which Trade Association (if any) you have membership of:

ABTA	YES/NO
AITO	YES/NO
UK Inbound	YES/NO
TTA	YES/NO
ETOA	YES/NO

Other: Please specify

4.4 If your business changed significantly (grown, diversified etc) during the last 3 years OR you expect it to change significantly during the next 3 years, please provide details in the box below. This information helps us:

- i. To be able to help you by estimating likely insurance costs relating to any change of business profile
- ii. Understand how your current and future business profile relates to the historic business upon which your claims record has been produced

## 5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.

Have you, or any director of your company, ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

5.2 **Current Insurance.** Please provide details of your current Insurances:

	Current Insurer	Renewal Date	Premium
Liability (Public, Tour Operators, Products, Employers – as applicable)			£
Professional Indemnity			£
Office Property/Business Interruption			£
Financial Failure/Supplier Failure			£

5.3 **Domicile of Proposer**

Are you registered in and domiciled in the United Kingdom?

YES/NO

5.4 Please use the box below to detail any further information:

## 6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

If more locations require insurance, please advise on a separate spreadsheet or contact your Broker to discuss.

## 7. INSURANCE PRODUCTS

### 7.1 PROPERTY AND BUSINESS INTERRUPTION

7.1.1 Please complete the table to provide details of the cover you require:

	SUM INSURED		
	Premises 1	Premises 2	Premises 3
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£
If there is an area of flat roofing, please state the approximate percentage	%	%	%
Stock and Materials in Trade	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	YES/NO	YES/NO	YES/NO
Rent Payable	£	£	£
Indemnity Period (Rent Payable)	12/24/36 Months	12/24/36 Months	12/24/36 Months
Business Interruption (Gross Profit)	£	£	£
Indemnity Period (Gross Profit)	12/24/36 Months	12/24/36 Months	12/24/36 Months
Additional Increased Cost of Working	£	£	£
Rent Receivable	£	£	£
Indemnity Period (Rent Receivable)	12/24/36 Months	12/24/36 Months	12/24/36 Months

7.1.2 **General Property Sections** (not premises specific)

Goods in Transit	<input type="text" value="£"/>
<i>Included automatically at £1,000. Only state an alternative amount if you require a limit higher than this.</i>	
All Risks to General Business Equipment	<input type="text" value="£"/>
All Risks to Laptops & Mobile Phones	<input type="text" value="£"/>
Fidelity Guarantee (Theft by Employees). <b>Maximum £100,000</b>	<input type="text" value="£"/>
Money in Safe or Strongroom in the Premises <i>(State the highest amount required at any one premises.)</i>	<input type="text" value="£"/>
Money in Transit or Bank Night Safe	<input type="text" value="£"/>
Book Debts	<input type="text" value="£"/>
<i>Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.</i>	
Stock Deterioration following Refrigeration Breakdown	<input type="text" value="£"/>
<i>Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.</i>	
Computer Equipment Breakdown at the Premises. <b>Maximum £50,000</b>	<input type="text" value="£"/>
Computer Equipment Breakdown Increased Cost of Working. <b>Maximum £25,000</b>	<input type="text" value="£"/>

7.1.3 **Buildings/Construction** (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?	<input type="text" value="YES/NO"/>
Do any Premises have a flat roofed area exceeding 25% of its total?	<input type="text" value="YES/NO"/>
Are any premises an individual flat or tenement building?	<input type="text" value="YES/NO"/>
Do any of the Premises contain any composite panels?	<input type="text" value="YES/NO"/>
Is any premises listed?	<input type="text" value="YES/NO"/>



7.1.4 **Subsidence** (please answer the following questions in respect of this proposal)

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave?

YES/NO
--------

Are any Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?

YES/NO
--------

7.1.5 **Flood** (is any Premises in a flood plain or area that has previously flooded?)

Premises 1	Premises 2	Premises 3
YES/NO	YES/NO	YES/NO

7.1.6 **Storage of Products** (Are all goods, products, and equipment stored in accordance with manufacturer’s guidance?)

Premises 1	Premises 2	Premises 3
YES/NO	YES/NO	YES/NO

7.1.7 **Security** (please complete the table to provide details of the security protections in effect at each premises)

	Premises 1	Premises 2	Premises 3
Intruder Alarm	YES/NO	YES/NO	YES/NO
CCTV	YES/NO	YES/NO	YES/NO
Gated Unit	YES/NO	YES/NO	YES/NO
24 Hour or Overnight Manned Security	YES/NO	YES/NO	YES/NO
Roller Shutters to all external leading doors, shop front and other large glass external facing areas	YES/NO	YES/NO	YES/NO

7.1.8 **Age of Buildings and Number of Storeys** (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3
Year Built			
Number of Storeys			

7.1.9 Do you require Terrorism cover?

YES/NO
--------

**7.2 LEGAL LIABILITY**

**7.2.1 Insurance Coverage and Limits Required**

Please state the limits of indemnity that you require for the types of insurance stated:

Employers' Liability	£
Public/Products Liability	£
Crisis Management Extension	£
Computer, Internet and Email Liability Extension	£
Libel and Slander Extension	£

**7.2.2 Employers' Liability**

Please complete the table to provide details of work undertaken by employees and the waggeroll that relates to them:

	Estimated Waggeroll during next period of Insurance
Clerical (Non manual office based work)	£
Reps (in the UK)	£
Reps (outside of the UK)	£
Drivers	£
Other (Please Specify)	£

7.2.3 In respect of any employees working abroad, can you confirm that all are under contracts of employment in Great Britain and spend at least one period of 14 continuous days or more in Great Britain each year?

**7.2.4 HMRC Employers Reference Number**

Company	ERN Status	ERN Number

**If exempt, please explain below:**

### 7.2.5 Passenger and Turnover Estimates (Tour Operating)

Please complete the table to provide a breakdown of **Passenger numbers** and **Turnover** estimated for your business in the forthcoming period of insurance.

Please only state passenger numbers and turnover that relate to **your business as a Tour Operator**.

COUNTRY	PASSENGER NUMBERS (PAX)	TURNOVER
United Kingdom		£
European Union, including Scandinavia, Switzerland and Islands owned by these nations, Australia & New Zealand		£
USA, Canada and the Caribbean (excluding Cuba)		£
Rest of Europe, Russia and former Eastern Bloc, Middle East, Indian Ocean Islands and South East Asia and Japan		£
Turkey, North Africa including Egypt, Dominican Republic & Cuba		£
Sub Saharan Africa, South America		£
Other Countries, including those without British Consular services or against FCO advice		£

### 7.2.6 Transfers (Tour Operating)

Please complete the table to appropriately detail the estimated percentage of packages which include a Transfer/Transport of a type stated:

COUNTRY	Coach, Train or Standard Car (no off road)	Non-Standard Car (jeep or off road)	Boat (other than cruise)	Domestic Flight
United Kingdom	%	%	%	%
European Union, including Scandinavia, Switzerland and Islands owned by these nations, Australia & New Zealand	%	%	%	%
USA, Canada and the Caribbean (exc. Cuba)	%	%	%	%
Rest of Europe, Russia and former Eastern Bloc, Middle East, Indian Ocean Islands and South East Asia and Japan	%	%	%	%
Turkey, North Africa including Egypt, Dominican Republic and Cuba	%	%	%	%
Sub Saharan Africa, South America	%	%	%	%
Other Countries, including those without British Consular services or against FCO advice	%	%	%	%

**7.2.7 Supplier Contracts - Indemnity TO you.**

Please complete the table to appropriately reflect any indemnity contracts with suppliers where indemnity is granted **TO** you. Include Bed Banks and DMCs in “Hotels/Accommodation Suppliers”

COUNTRY	HOTELS/ ACCOMMODATION SUPPLIERS	TRANSFER/ TRANSPORT SUPPLIERS
United Kingdom	%	%
European Union, including Scandinavia, Switzerland and Islands owned by these nations, Australia & New Zealand	%	%
USA, Canada and the Caribbean (excluding Cuba)	%	%
Rest of Europe, Russia and former Eastern Bloc, Middle East, Indian Ocean Islands and South East Asia and Japan	%	%
Turkey, North Africa including Egypt, Dominican Republic & Cuba	%	%
Sub Saharan Africa, South America	%	%
Other Countries, including those without British Consular services or against FCO advice	%	%

**7.2.8 Supplier Contracts - Indemnity BY you.**

Please complete the table to appropriately reflect any indemnity contracts with suppliers where indemnity is granted **BY** you. Include Bed Banks and DMCs in “Hotels/Accommodation Suppliers”

COUNTRY	HOTELS/ ACCOMMODATION SUPPLIERS	TRANSFER/ TRANSPORT SUPPLIERS
United Kingdom	%	%
European Union, including Scandinavia, Switzerland and Islands owned by these nations, Australia & New Zealand	%	%
USA, Canada and the Caribbean (excluding Cuba)	%	%
Rest of Europe, Russia and former Eastern Bloc, Middle East, Indian Ocean Islands and South East Asia and Japan	%	%
Turkey, North Africa including Egypt, Dominican Republic & Cuba	%	%
Sub Saharan Africa, South America	%	%
Other Countries, including those without British Consular services or against FCO advice	%	%

**7.2.9 Activity and Excursion Details (Tour Operating)**

Please complete the table as appropriate to show passenger numbers in respect of any **activities or excursions** that form part of a package travel arrangement.

You must include activities and excursions that may not necessarily have been booked as part of the initial Package, but have been booked through you or your representative after an initial Package was arranged.

*Leave blank any parts of the tables that do not apply to your business or the entire table if there are no activities undertaken.*

	Activity 1	Activity 2	Activity 3
Activity / Excursion Description			
Country / Location			
PAX for next 12 months for activities undertaken directly by you			
PAX for next 12 months for activities undertaken by supplier that has agreed to indemnify you under contract			
PAX for next 12 months for activities undertaken by supplier that has <b>NOT</b> agreed to indemnify you under contract			

*(Please continue onto separate sheet if necessary)*

**7.2.10 General Information (Tour Operating)**

Please answer the following questions regarding your business as a Tour Operator:

What percentage of your trips (Packages) are for group travel i.e., more than 10 people?

	%
--	---

Please provide details of any packages arranged for customers outside of the UK

--

To the best of your knowledge what is the maximum number of your customers (PAX) that will be in any one location at the same time?	<input type="text"/>
Are your booking conditions and supplier contracts checked by a travel law practitioner?	<input type="text" value="YES/NO"/>
What percentage of your suppliers do you know have public liability insurance to a limit of at least £1,000,000?	<input type="text" value=""/>
Do you (or does a specialist on your behalf) inspect accommodation and other facilities regularly to ensure that safety and fire precautions are adequate and that local standards/regulations are observed?	<input type="text" value="YES/NO"/>
Do you regularly review supplier's health and safety standards alongside customer feedback and warn, or cease using, suppliers where appropriate?	<input type="text" value="YES/NO"/>
Do you sell Packages that target "stag" or "hen" parties or 18-30 age groups?	<input type="text" value="YES/NO"/>

#### 7.2.11 Travel Agency and Other Retail Sales

Please complete the table to provide a breakdown of **turnover** and **passenger numbers** estimated for the various category (status) options detailed in relation to your business in the forthcoming period of insurance.

**Do not** include Flight Plus or Tour Operating in these figures.

STATUS (CATEGORY OF WORK)	TURNOVER	PASSENGER NUMBERS (PAX)
Travel agent retail sales	£	
Flight only	£	
Car rental	£	
Accommodation only – sold as Principal	£	
Accommodation only – sold in your name	£	
Accommodation only – sold strictly as an agent only	£	
Conference – Organising	£	
Conference – Marketing Only	£	
SALES OF CONNECTED TRAVEL INSURANCE	TURNOVER	PASSENGER NUMBERS (PAX)
Under full approval by the FCA	£	
As an appointed representative	£	
As an introducer appointed representative	£	

7.2.12 **Flight Plus**

Please complete the table to provide a breakdown of **turnover** and **passenger numbers** estimated in relation to your “Flight Plus” business in the forthcoming period of insurance. Do not include any figures other than “Flight Plus”.

STATUS (CATEGORY OF WORK)	TURNOVER	PASSENGER NUMBERS (PAX)
Flight Plus	£	

7.2.13 Do you sell Flight Plus under another organisation’s licence (i.e., ATOL Accredited Body)

If you have answered YES, please confirm the name of the Accredited Body:

7.2.14 **General Information (Flight Plus and Other Non-Package Sales)**

Please answer the following questions in relation to your Flight Plus and other Non-Package Sales:

Have your booking conditions and supplier contracts been checked and agreed by a specialist solicitor to ensure that you do not accept or create any liability that would not otherwise apply?

Do you have a system/process for obtaining customer feedback which is used in future sales – including where necessary, ceasing to use a supplier?

Are all sales staff and reps monitored for accuracy in their performance and provided with induction and ongoing training and records kept of such training?

Do you make sales to customers outside of the United Kingdom?

**7.3 PROFESSIONAL INDEMNITY**

7.3.1 **Do you require Professional Indemnity Insurance?**

YES/NO

Please state the Limit of Indemnity required for Professional Indemnity Insurance

£

#### 7.4 DIRECTORS & OFFICERS LIABILITY

**Do you require Directors & Officers Liability Insurance?**

YES/NO

If YES, please complete questions 7.4.1 to 7.4.6. If NO, please continue to question 7.5

##### 7.4.1 Limit

Please state the Limit of Indemnity required for Directors & Officers insurance:

##### 7.4.2 D&O General Questions - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

##### 7.4.3 Turnover

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

##### 7.4.4 Company Registration Number

Please state your Company Registration Number:

**7.4.5 Entity and Employment Practices Liability Limit**

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.5:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

**7.4.6 Entity and Employment Practices Liability General Questions** - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>



**7.5 LEGAL EXPENSES**

**Do you require Legal Expenses Insurance?**

YES/NO

If YES, please complete questions 7.5.1 to 7.5.6. If NO, please continue to question 8

**7.5.1 Wageroll**

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

**7.5.2 Contract Disputes**

Do you require cover for contractual disputes?

YES/NO

**7.5.3 Disputes, Prosecution, Activities**

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

**7.5.4 Redundancies**

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

**7.5.5 Mergers/Takeover**

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

**7.5.6 Do you require Business Care?**

YES/NO

## 8. CLAIMS HISTORY

### 8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO
--------

IF YES please complete table below:

Date of Claim	Claim Type	Paid	Outstanding	Status
				OPEN/CLOSED



## 9. DECLARATION

### 9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

### 9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: