

**FULL NAMES of PROPOSERS** (including Associated/Subsidiary Companies & Trading/Partners names)

Postal Address

Contact Name Postcode

Tel No. Fax No.

Web Site: WWW.

**ADDRESS of PREMISES TO BE INSURED** (including postcode) if not as postal

1.

2.

3.

**FULL DESCRIPTION OF BUSINESS**

Year Established

Company Registration No.

Is the Company a Private Limited Company?

Yes  No

**Property Damage**

If more than three premises are to be covered please continue on a separate sheet

	Premise 1	Premise 2	Premise 3
a) Buildings (inc. Landlord's fixtures & fittings) <small>(Full reinstatement you should make provision for debris removal / professional fees and VAT where applicable)</small>	£	£	£
b) Tenants Improvements / Shop Front	£	£	£
c) Office Contents excluding Computers	£	£	£
d) Static Computers & Ancillary Equipment	£	£	£
e) Portable* Computers & Ancillary Equipment <small>* Equipment designed specifically for use away from the premises (cover on a worldwide basis)</small>	£	£	£
f) Is any of the Computer Equipment 'Sun Systems'? <small>If 'Yes' please provide full details</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
g) Do you require optional Computer Breakdown cover**?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Important Note**

\*\* Computer breakdown cover is provided in respect of items which are subject to a maintenance agreement. Full details may be requested at any time. Full details and supporting documents will be required in the event of a claim being made.

**All Risks**

Please give details of items to be insured **away from your own premises:**

Description	Max Value per	Taken Where?	Sum Insured
	£	UK / Worldwide	£
	£	UK / Worldwide	£
	£	UK / Worldwide	£
	£	UK / Worldwide	£

Example of items: photographic equipment; projector; mobile phone etc EXCLUDES COMPUTER EQUIPMENT

Please continue on a separate sheet if required

**Business Interruption**

- a) Is the standard £500,000 sum insured adequate? Yes  No   
 If 'No' please state the sum insured required
- b) Please advise Indemnity Period required (12, 18 or 24 months)  months
- c) Do you have a business contingency plan in place? Yes  No

## Money/Loss of Tickets

- a) Do you have a safe? Yes  No   
 If 'Yes' state exact make and model
- b) Do you provide any bureau de change facilities? Yes  No   
 If 'Yes', please provide **full** details (e.g. type of operation; amounts of money; type of counter; bandit glass; etc)

IF REQUIRED PLEASE CONTINUE ON A  
SEPARATE SHEET OR ACCOMPANYING LETTER

## Trading Pattern

- a) Tour Operating / Principal Activity (Gross Turnover) This Year £  Next Year £
- b) Travel Agency (Gross Turnover) This Year £  Next Year £
- c) Insurance Sales (net Commission Income) This Year £  Next Year £

**Tour Operating Activities 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. accommodation only (with principal status)

**Travel Agent Activities include selling:**

1. the package holidays offered by tour operators, either dynamically packaged, tailor made, or brochured.
2. accommodation as an agent.
3. flight only

For this contract your turnover as a business must not exceed 25% in respect of all Principal activities as detailed and defined in 'The Package Travel, Package Tours and Package Holiday Regulations 1992'

This includes where you may be 'dynamically packaging'; 'split contracting'; 'tailor - making' packages for your clients where you are acting as principal status

- d) State total annual wage roll £  e) State total number of staff
- f) Do you employ homeworkers? If 'Yes', please state; Yes  No   
 Total annual homeworker wage roll £  Total number of homeworkers
- g) Are any holidays arranged for clients who are normally resident outside the UK? Yes  No

If 'Yes', please state details including percentage of turnover involved

Full Details

Turnover %

- h) Do you sell any products other than travel services? Yes  No   
 If 'Yes', please state details including percentage of turnover involved

Full Details

Turnover %

- i) Do you arrange more than twelve group bookings (Over 20 people) per year? Yes  No   
 If 'Yes', how many of these clients are American Nationals?

## Professional Indemnity

- a) Give details below of partners/directors (including details of sole principals)

Full Name	Age	Qualifications	Date Qualified	No. of years in this capacity

- b) 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/it is able to make major policy decisions on behalf or such firm, company or organisation?** Yes  No
- c) Do you keep detailed records of -
- i. the original holiday / travel / accommodation booking form Yes  No
  - ii. subsequent amendments whether made in writing; verbally or in a telephone call Yes  No
  - iii. verbal agreements (including telephone calls) Yes  No
- d) Do you obtain recruitment references for all new employees? Yes  No
- e) Do you or any parent or subsidiary, own or operate any accommodation or transport? Yes  No
- f) Do you or any parent or subsidiary, own or operate any overseas booking office? Yes  No

**If 'No' to 'ci', 'cii', 'ciii' or 'd' above or 'Yes', to either 'e' or 'f' above please give full details**

IF REQUIRED PLEASE CONTINUE ON A  
SEPARATE SHEET OR ACCOMPANYING LETTER

**Professional Indemnity (continued)**

g) Is Connected Travel Insurance extension to Professional Indemnity cover required? Yes  No

Principal Firms Name	Your Status (ie AR or IAR)

**Guidance Note.** The Financial Services Authority (FSA) became responsible for Regulation of Travel Insurance Sales wef 01.01.09. After that date any firm or individual must have permission granted to them by the FSA to assist with the sale or service of any travel insurance product. Status can be "Fully Authorised", Appointed Representative (AR) or Introducer Appointed Representative (IAR). The FSA have a minimum Professional Indemnity Requirements. Your policy will not include any cover for Connected Travel Insurance Sales unless the policy has been specifically endorsed.

**Fidelity Guarantee**

a) Do you use any form of Fund Transfer other than cheques and BACS for payment of your Employees' salaries? Yes  No

If 'Yes', please give details (a separate questionnaire may need to be completed)

b) Has there during the last five years been an occasion to question the honesty of any employee to be insured? Yes  No

If 'Yes', please give details (a separate questionnaire may need to be completed)

**Important Note**

The Fidelity Guarantee section of the policy will be subject to minimum standards required in respect of supervision, accounting procedures and for checking the security of money together with the requirements for taking up references for new employees.

**Employment Disputes Legal Expenses**

a) Have you issued any final written warning or placed any employee on disciplinary suspension in the last six months? Yes  No

b) Have you dismissed any employee for any reason whether or not involving redundancy in the last six months? Yes  No

c) Do you anticipate possible dismissal of any employee whether or not by reason of redundancy in the next six months? Yes  No

If 'Yes' has been answered to Legal Expenses questions a, b, or c above, please give full details including name of employee, type of disciplinary measure, dismissal date and reason for dismissal

IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER

**Directors & Officers** (including Term 13 Extension)

a) Limit of indemnity required?  £250,000  £500,000  £1,000,000

b) Does the business have any equity / assets / debt(s) or subsidiary companies in the USA or Canada? Yes  No

If 'Yes' please provide full details

IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER

c) The Operating Profit of the business has been *positive* in at least one of the last 2 years? Yes  No

d) The Net Asset Value of the business has been *positive* in each of the last 2 years (Fixed and Current Assets less Current and Long Term Liabilities)? Yes  No

e) The business is able to pay its debts as they fall due? Yes  No

f) Only answer this question if the organisation is required by law to have audited accounts. The accounts for the last financial period have an auditors opinion which is not qualified in any way? Yes  No

g) 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? Yes  No

If you are unsure of how to answer 'd' or 'f' please speak with your accountant

**General Questions**

a) How are the premises occupied?

Office (by us only)  Office (multi tenure)  Private Dwelling  Other

If 'Office (multi tenure)' or 'Other', please give full details including full details of the other occupiers including type of business carried out

b) Have you previously insured for any of the covers to which this proposal relates, at these premises or elsewhere?

Yes  No

If 'Yes', please give details

Insurers	Type of Policy	Premium	Renewal Date
<b>REQUIRED</b>	<b>REQUIRED</b>		<b>REQUIRED</b>

c) Has/is any claim been/being made or is any partner, principal, director, officer, consultant or employee, **after enquiry**, aware of any circumstances or prosecutions brought against any director or officer in respect of any neglect, error or other wrongful act committed in their capacity as director or officer (whether in the relation to the activities of the business, or any other entity in which the directors or officers hold or have held office) in the last 5 years

Yes  No

If 'Yes', please give full details

**IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER**

d) 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 -

i. has any insurer ever declined a proposal, refused renewal, terminated an insurance or imposed special terms?

Yes  No

ii. have any accidents, losses, legal proceedings, legal action or claims arisen, **whether insured or not** in the last 5 years?

Yes  No

If 'Yes', please give full details and supply confirmed claims experience

Date of occurrence	Brief details of each incident	Cost of loss/action
<b>REQUIRED</b>	<b>REQUIRED</b>	<b>REQUIRED</b>

e) Are you I.A.T.A approved?

Yes  No

f) Do you have an ATOL licence?

Yes  No

g) Please advise what Trade Association(s) you belong to:

ABTA  please advise your ABTA No(s)

Worldchoice  Advantage  Travel Trust Association

Freedom Travel Group  Global Travel Group  Midconsort

AITO

Other(s)  Please specify \_\_\_\_\_

h) Do you have an annually maintained Burglar Alarm system?

Yes  No

i) Is your alarm system a NACOSS / SSAIB approved system?

NACOSS  SSAIB  No

j) Do you have RedCARE GSM signalling?

Yes  No

If 'No', please give full details of the alarm signalling

**Declaration**

I/We declare that -

- a) The premises (including any glass to be insured) are not specifically exposed to any cover for which insurance is required, are and will be maintained in good state of repair, and the buildings are built of brick, stone, slate, tiles, concrete, metal or asbestos roof.
- b) All security devices will be in operation on the premises out of business hours.
- c) The minimum standards of security will be implemented within six weeks of cover. (copy available on request)
- d) The minimum standards of control and supplementary minimum standards of control will be implemented with immediate effect of cover (copy available on request)
- e) After enquiry that I am not aware of any circumstances which might otherwise affect the Company's consideration of this insurance.

Details of any amendments to the declaration

I/We declare that the above statements made by me/us or on my/our behalf are true and complete and together with the policy schedule and policy wording will form part of the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of business.

I/We understand that non-disclosure or misrepresentation of a material fact may entitle underwriters to void the insurance. (NB a material fact is one likely to influence acceptance or assessment of this proposal by underwriters. **If you are in any doubt as to whether a fact is material or not, please disclose it).**

I/We understand that signing this proposal does not bind me/us to complete the insurance.

REQUIRED

REQUIRED

Signature . . . . . Name (Please Print) . . . . .

. . . .  
(partner / director)

REQUIRED

REQUIRED

Date . . . . . Position . . . . .

. . . .

WE RECOMMEND THAT YOU KEEP A RECORD, INCLUDING COPIES OF LETTERS AND THIS PROPOSAL FORM, OF ALL INFORMATION SUPPLIED TO US FOR THE PURPOSE OF ENTERING INTO THIS CONTRACT  
A COPY OF THIS PROPOSAL FORM WILL BE ISSUED ON REQUEST



**Underwritten by**  
**Royal & Sun Alliance Insurance plc**  
Registered in England and Wales No. 93792  
Registered office at St Mark's Court, Chart Way, Horsham,  
West Sussex RH12 1XL  
Authorised and Regulated by the Financial Services Authority



**Arranged by**  
**Touchstone Underwriting Limited**  
Registered in England No.2264985  
Registered office at 156 South Street, Dorking, Surrey RH4 2HF  
Authorised and Regulated by the Financial Services Authority

**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**

All personal information supplied by you will be treated in confidence by Touchstone Underwriting Limited and the Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties 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 Limited and the Royal & Sun Alliance Insurance Group of companies or our agents or sub contractors

The Royal & Sun Alliance Insurance Group of companies may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal data, but in all cases the Group will ensure that it is kept securely and only used for the purpose for which you provided it. Details of the companies and countries involved can be provided to you on request

**BROKER DETAILS**

Arnold Fisher Insurance Services Limited  
5th Floor Meridien House  
69-71 Clarendon Road  
Watford  
WD17 1DS  
T: 01923 236399  
F: 01923 236203