

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		

Is the company a Private Limited Company?

Yes No

Please provide a full description of your business activities

Address of premises to be insured (including postcode) if not as postal

1
2
3

Property Damage

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

	Premises 1	Premises 2	Premises 3
Buildings (inc Landlord's fixtures & fittings) (Full reinstatement you should make provision for debris/removal / professional fees and VAT where applicable)			
Tenants improvements / shop front			
Office contents excluding computers			
Static computers & ancillary equipment			
Portable* computers & ancillary equipment *Equipment designed specifically for use away from the premises (cover on a worldwide basis)			
Do you require optional Computer Breakdown cover**?	Yes / No		

Important: **Computer break down 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 item	Taken where?	Sum insured

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 the exact make and model and premises		
B	Do you provide any bureau de change facilities?	Yes	No
	If yes, which premises and confirm the type of operation		

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

Travel agent activities including 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 and The Package Travel and Linked Travel Arrangements Regulations 2018. This includes where you may be dynamically packaging; split contracting, tailor-making packages for your clients where you are acting as principal

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 of the UK?				Yes No
	If yes, please state details including percentage of turnover involved				
	Turnover	%			
H	Do you sell any products other than travel services?				Yes No
	If yes, please state details including percentage of turnover involved				
	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 of such firm, company or organisation?	Yes	No
C	Do you keep detailed records of:	Yes	No
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
	Do you or any parent or subsidiary, own or operate any overseas booking office?	Yes	No
F	If No to Ci, Cii or Ciii or D above, or Yes to either E or F above, please give full details.		

G	Is connected Travel Insurance extension to Professional Indemnity cover required?	Yes	No
Principle firms name		Your Status (i.e. AR or IAR)	

Guidance note: The Financial Conduct Authority (FCA) became responsible for Regulation of Travel Insurance Sales. Any firm or individual must have permission granted to them by the FCA 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 FCA have 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

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.

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

C	Have you issued any final written warning or placed any employee on disciplinary suspension in the last six months?	Yes	No
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D	Have you dismissed any employee for any reason whether or not involving redundancy in the last six months?	Yes	No
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E	Do you anticipate possible dismissal of any employee whether or not by reasons of redundancy in the next six months?	Yes	No
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If Yes has been answered to questions C, D or E above please give full details including name of employee, type of disciplinary measure, dismissal date and reason for dismissal.

General questions

A How are the premises occupied?

Office (by us only)	Office (multi tenure)	Private dwelling	Other
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If office (multi tenure) or Other, please give full details including full details of the other occupiers plus the 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
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If Yes, please give details

Insurers	Type of policy	Premium	Renewal date

E	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 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
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If Yes please provide full details

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

E	Are you I.A.T.A approved?	Yes	No
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F	Do you have an ATOL licence?	Yes	No
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G Please advise what Trade Association(s) you belong to:

ABTA	Please provide all ABTA numbers		
AITO	Advantage	Worldchoice	Travel Trust Association
Midconsort	Global Travel Group		Freedom Travel Group

Others; Please provide details

H	Do you have annually maintained Burglar Alarm system?	Yes	No
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I	Is your alarm system a NACOSS/SSAIB approved system?	NACOSS	SSAIB	No
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J	Do you have RedCARE GSM signalling?	Yes	No
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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 stage 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 represent a Fair Presentation of our business and its history and risks. 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 by signing this proposal does not bind me/us to complete the insurance.

Name (Please Print)	REQUIRED	Signature	REQUIRED
Position in Company	REQUIRED	Date	REQUIRED

We recommend that you keep a record of all information supplied to us for the purpose of entering into the insurance contract 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.

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 logo by clicking the below box.

Company name

REQUIRED

Company address

REQUIRED

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.