Touchstone Underwriting

Travel Office Proposal Form

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

		Premises 1	Premises 2	Premises 3
a)	Buildings (inc. Landlord's fixtures & fittings) (Full reinstatement you should make provision for debris removal / professional fees and VAT where applicable)	£	£	£
b)	Tenants Improvements / Shop Front	£	£	£
c)	Office Contents excluding Computers	£	£	£
d)	Static Computers & Ancillary Equipment	£	£	£
e)	Portable* Computers & Ancillary Equipment	£	£	£

* Equipment designed specifically for use away from the premises (cover on a worldwide basis)

f) Do you require optional Computer Breakdown cover**? Yes ☐ No ☐

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 Item**	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

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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 and premises

b) Do you provide any bureau de change facilities? Yes ☐ No ☐

If 'Yes', which premises and confirm the Type of Operation

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 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 wageroll £ e) State total number of staff

f) Do you employ homeworkers? If 'Yes', please state; Yes ☐ No ☐

Total annual homeworker wageroll £ 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

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 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 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

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.

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)

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

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

e) 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 questions c, d, or e 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

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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
REQUIRED	REQUIRED		REQUIRED

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

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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
REQUIRED	REQUIRED	REQUIRED

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.

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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 signing this proposal does not bind me/us to complete the insurance.

REQUIRED
Signature. . . . . .
(partner / director)

REQUIRED
Name (Please Print) . . . . . .

REQUIRED
Date . . . . . .

REQUIRED
Position . . . . . .

WE RECOMMEND THAT YOU KEEP A RECORD OF ALL INFORMATION SUPPLIED TO US FOR THE PURPOSE OF ENTERING INTO THE INSURANCE CONTRAC 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

Insured by

Underwritten and arranged by

Touchstone Underwriting

AXA XL Insurance is a division of AXA Group.

XL Catlin Insurance Company UK Limited.
XL Catlin Insurance Company UK Limited (incorporated and registered in England and Wales with company number 5328622) is 20 Gracechurch Street, London, EC3V 0BG
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

Touchstone Underwriting Limited

Meridien House 71 Clarendon Road Watford Hertfordshire WD17 1DS
Authorised and Regulated by the Financial Conduct Authority
Registered office at 156 South Street, Dorking, Surrey, RH4 2HF Registered in England 2264985.
Part of the Seventeen Group Ltd of companies

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 Catlin Insurance Company (UK) Ltd. 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, Catlin Insurance Company (UK) Ltd. 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 Limited or our agents or sub-contractors.

BROKER DETAILS