

APPLICATION FORM

Tour Organisers Combined Liability & Professional Indemnity Insurance

for Members of the Group Travel Organisers Association



Group Travel Organisers Association

Tour Organisers Combined Liability & Professional Indemnity Insurance

The 1992 EC directive made Package Travel Organisers liable for the acts, errors & omissions of any supplier used in conjunction with a Package Holiday. The regulations stipulate that if a passenger falls ill in the Hotel or suffers food poisoning the 'Organiser' is held liable. The 'Organiser' is also responsible for the proper performance of the whole travel arrangements.

Whilst the above is applicable to Package Holidays, as a Tour Organiser you can also be held responsible for any personal injury claims to your passengers on Day Trips where you are held personally liable.

An exclusive Combined Liability & Professional Indemnity Scheme has been specially arranged for Members of the Group Travel Organisers Association. Cover is extensive and the premiums applicable are extremely competitive.

Below is a brief summary of the standard policy benefits: -

Policy Benefits	Limit of Liability
Public Liability/Products Liability Including Emergency Assistance	
Professional Indemnity	
Legal Expenses	

Full details of the Policy Terms and Conditions are shown in the policy document, a copy of which is available upon request.

In addition to Liability Insurance we are able to offer quotations for a wide range of Travel Related Insurance products including insurance schemes for your passengers;

- ABTA Bonding
- BCH Bonding
- IATA Bonding
- CAA Bonding
- Financial Failure Insurance

To discuss your personal insurance requirements with us in detail please contact our dedicated team on 01932 33 41 42.

Group Travel Organisers Association

Tour Organisers Combined Liability & Professional Indemnity Insurance

All questions must be answered in full. If there is insufficient space, please use additional sheets.

1. Full Name of Group Travel Organiser/Association/Club

Name:

GTOA membership no:

2. Address (including Post Code, Telephone Number and Email/Web Site.

Address:

Post Code:

Tel No:

Fax No:

Email Address:

Web Site:

3. Full Description of Group Travel Organiser/Association/Club

4. When was the Group Travel Organiser/Association/Club originally established?

5. Turnover, number of trips planned and passengers carried

	Last 12 months	Next 12 months
1. Estimated number of UK Day Trips		
2. Estimated number of European Day Trips		
3. Estimated number of UK Tours		
4. Estimated number of European Tours		
5. Estimated number of Worldwide Tours*		
6. Estimated number of passengers UK Day Trips		
7. Estimated number of passengers European Day Trips		
8. Estimated number of passengers UK Tours		
9. Estimated number of passengers European Tours		
10. Estimated number of passengers Worldwide Tours*		
11. Estimated Turnover – Day Trips		
12. Estimated Turnover – UK & European Tours		
13. Estimated Turnover – Worldwide Tours*		

* World Wide destinations are subject to additional Premiums

Please note that if you have indicated passenger numbers under 3, 4 and 5 in the table above, then in order to trade you need to provide cover against insolvency/financial failure. Please provide evidence of your policy cover.

6. What percentage of your Holidays/Packages are sourced through Wholesalers?

UK Destinations	European Destinations	Worldwide Destinations

In respect of Worldwide trips, please confirm the destination(s) of the trip(s):-

-
-
-

In respect of the tours that are not sourced through Wholesalers, please answer the following:-

a. Do you inspect accommodation regularly to ensure that safety and fire precautions are adequate and that local regulations are observed? Yes No

b. Do you ensure that your suppliers (e.g. Hoteliers, Coach Operators etc.) operate to at least the health and safety standards of their home country? Yes No

c. How do you ensure your suppliers have adequate insurance arrangements in place?

d. Do you use standard contracts with your suppliers? Yes No

e. Are all suppliers contractually liable for their own activities? Yes No

f. Do you ensure that any instructors who are not your Employees are contractually liable for their own activities? Yes No

7. Does the Group Travel Organiser/Association/Club specialise in any particular area? (e.g. Business Travel, School/Club Trips, Sports Tours, Specialist Activity Holidays) Yes No
If yes, please provide details along with turnover and passenger numbers

8. Do you market tours in America for American Nationals? Yes No
If yes, please provide details along with turnover and passenger numbers

9. Please give details of existing insurances in respect of:-

- a) Public/Products Liability
- b) Professional Indemnity

Insurer	Indemnity Limit	Excess	Premium	Expiry date

Statement of Fact

- 1. We have been established for a minimum of three years conducting these activities. Yes No
- 2. We confirm we have had no claims or intimation of claims in the past three years. Yes No
- 3. We do not own or operate wholly or partly any accommodation or transport. Yes No
- 4. Maximum number of passengers carried in any one period of insurance will not exceed 2,500. Yes No
- 5. The maximum numbers of passengers involved in Winter Sports/Sporting Activities will not exceed 10% of total number of passengers carried. Yes No

Declaration

I/We declare and warrant that all the statements and particulars here given are true and that no information whatever has been withheld which might tend in any way to increase the risk to the Company or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise the Company immediately. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in the Company refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree that this Declaration shall be the basis if the contract between me/us and the Company upon acceptance by me/us of the Quotation afforded by the Company. I understand that signing this declaration does not bind me to complete, or Insurers to accept, this insurance.

(N.B. a material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in doubt as to whether a fact is material or not, please disclose it).

Name Position

Signature Date

If you have any queries or require assistance please contact us by telephone on 01932 33 41 42 or alternatively by email - tcs@towergate.co.uk

Once completed please return the Proposal Form for an Obligation Free Quotation to:-

Towergate Chapman Stevens
Towergate House
22 Wintersells Road
Wintersells Business Park
Byfleet, Surrey
KT14 7LF

Email: tcs@towergate.co.uk
Fax: 01932 33 41 42



Towergate Chapman Stevens

Towergate House, 22 Wintersells Road, Wintersells Business Park, Byfleet, Surrey KT14 7LF

www.towergatechapmanstevens.co.uk

