

TOUR OPERATORS LIABILITY

PROPOSAL FORM

IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

BROKERS DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-Mail	

INSURED'S DETAILS

Name of the Company	
Trading Name	
Date business was established	
Registration Number	
VAT Number	
Physical Address (incl. postal code)	
Postal Address (incl. postal code)	
Business Description	
Telephone Number	
E-Mail	

OPERATIONAL DETAILS

How many Branches do you have ?	
Where are they situated ?	
Please provide a full description of your activities :	
THETA/DEAT recognised guiding qualifications	
Main geographical area of operations	
Of which Associations are you a member ?	
Was any association membership ever been cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer is YES, why was it cancelled ?	

HISTORY OF PREVIOUS INSURANCE

Were you previously insured for similar Insurance as applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer is YES could you please provide the following detail:- Insurer, Policy No & Period of Insurance :	
Has any similar policy to which you are applying ever been cancelled ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer is YES , then the reasons for the cancellation :	
Was any policy ever granted to you based on increased terms ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer is YES , then what was the reason ?	

CLAIMS HISTORY

Please provide us with details of any claims made against you for which you would have been covered by this kind of insurance

DATE	DETAILS	AMOUNT CLAIMED
		R
		R
		R
		R
		R

Are you aware of any claim pending against you, or any claim or circumstances likely to give rise to a claim, in terms of the insurance being proposed for? Non-disclosure of this information could lead to any claim lodged with a date prior to this inception date, to be repudiated	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer is YES, please provide full details :	
Do you have formal written contracts with clients ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do not have a written contract, please describe briefly the way in which you and your client agree to a service and a price for the service rendered:	
Do you use an indemnity form for or any other means of waiver ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NUMBER OF EMPLOYEES

FULL TIME	Guides		Administrative	
TEMPORARY	Guides		Administrative	

If there is more than one guide who is not a principal, please provide names and qualifications on a separate sheet.

PRINCIPALS INFORMATION (COMPULSORY)

NAME	QUALIFICATIONS

ANTICIPATED TURNOVER / REVENUE FOR THE NEXT 12 MONTHS (COMPULSORY)	R
---	---

LIMITS OF INDEMNITY REQUIRED

Please indicate which amounts of cover you require a quotation for :

R 5 000 000	<input type="checkbox"/>
R 10 000 000	<input type="checkbox"/>
R 15 00 0000	<input type="checkbox"/>
R 20 000 000	<input type="checkbox"/>

DECLARATION

We, the Directors and Management of the Company, declare that to the best of our knowledge the statements set forth herein are true.

It is agreed that this form shall be the basis of the Contract should a Policy be issued.

Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	