

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.

PART 1

BROKER'S DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-Mail	

INSURED'S DETAILS

Name of the Company	
Trading Name	
Registration / ID Number	
VAT Number	
Physical Address (incl. post code)	
Postal Address (incl. post code)	
Business Description	
Telephone Number	
E-Mail	
Website / Business Page	
Present legal Constitution	Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Inc <input type="checkbox"/> Pty <input type="checkbox"/> CC <input type="checkbox"/>

Please provide or attach details of all subsidiary companies:

DATE OF COMMENCEMENT OF PRACTICE

As currently constituted		As initially established	
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MAIN GEOGRAPHIC AREA OF OPERATIONS

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DETAILED BUSINESS DESCRIPTION

ASSOCIATION MEMBERSHIP DETAILS

List membership details of any industry or related association of which the operating entity is a member:

BRANCHES

Are any branches of the Proposed Insured located outside of South Africa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details:		

CLAIMS EXPERIENCE

Please provide details of claims made against you while covered by this type of insurance:

DATE	DETAILS	AMOUNT
		R
		R
		R
		R

Have any claims ever been made against the proposed Insured / Partners / Directors / Members or Employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide full details:	
Are you aware of any claim pending against you, or any claim or circumstance likely to give rise to a claim, in terms of the insurance being proposed for? Non-disclosure of this information could lead to any claims 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 :	
Does your operation have a formal written contract with your client?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NOT, please briefly describe the way in which you and your client agree to a service and a price for the services rendered:	
Do you use an Indemnity Form for or any other means of waiver ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Standard Operational Procedures in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please note, if answered Yes to either of the above two questions we need a copy of these documents.	

PART 2

QUALIFICATIONS OF PRINCIPALS / LEAD GUIDES

Name	Qualification	Date Qualified	How long in practice:

STAFF COMPLIMENT

Full Time Guides		Admin	
Temporary Guides		Other	

TURNOVER – AS AT THE PRACTICE’S FINANCIAL YEAR END

Please provide gross fees received during the past five years:

Year	Turnover	Year	Turnover
(Current Year)	R		R
	R		R
	R		

QUOTATION 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 15,000,000 <input type="checkbox"/>	R 20,000,000 <input type="checkbox"/>
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PART 3

DETAILS OF INSURANCE

Are you at present or have you in the past been insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the previous insurance on a "losses occurred" basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous Insurer Details:	
Insurer	
Indemnity Limit: R	Excess: R
Each and every claim in the aggregate: Yes <input type="checkbox"/>	Each and every claim: Yes <input type="checkbox"/>
Retroactive Date:	Date of Expiry of Coverage:

Has any proposal for insurance ever been declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any Insurer ever:	
Increased premiums or terms:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Required special restrictions or conditions:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Terminated or refused to renew any insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to any of the above is Yes, please provide full details:	

PLEASE NOTE:

If this proposal is being completed for the renewal of an existing policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension of no longer than 10 days is requested and has been granted from underwriters, or renewal terms have been accepted.

PRIVACY AND PROTECTION OF YOUR PERSONAL INFORMATION

As part of our ongoing commitment to protecting personal information, we are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 (“POPI”) regarding the use, acquisition, retention, transmission and deletion of the applicant or policy holder’s personal information. For more information, kindly find the Privacy Notice on our website, www.genlib.co.za

DECLARATION

<p>I/We hereby declare that at the time of completing the above particulars contained in this proposal, details are true and complete.</p> <p>I/We have no reason to anticipate any claim and are not aware of any possible incidents that may lead to a claim being reported under the insurance now being requested.</p> <p>I/We agree that this proposal together with all other information supplied by me / us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.</p> <p>I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance</p>	
Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	