

Tour Operator Liability Application

Named Insured/Applicant		If Partnership or Joint Venture, the names of such partnership members
Trade Name, Business Name if other than Applicant		Contact
Address of your business		Telephone
Mailing address if other than above		Fax
Country	Zip/Postal Code	Email/Website

General Information (Use additional sheet if necessary)

Indicate the type of insurance and limits of liability sought:

General Public Liability, US\$ _____

Contingent Automobile Liability, US\$ _____

Contingent Watercraft Liability, US\$ _____

Indicate the type of Jurisdiction sought: Local Worldwide Worldwide, excluding U.S. / Canadian Jurisdiction

1. How many years has this business been in operation? _____

2. Describe the operation(s), (**attach brochure**) including countries of operation, of the entity shown under "Applicant" Above

3. What was the total turnover for the last 12 months? US\$ _____

4. What is the total projected turnover for the next 12 months? US\$ _____

5. How many people are employed by the entity? _____

6. What is the total number of customers per year? _____

7. What percentage of your company's tour/excursion participants are U.S./Canadian Citizens? _____

8. Has any insurance company ever declined or non-renewed your insurance application? Yes No If Yes, please describe: _____

9. Have you or any employee ever been charged with or convicted of a crime? Yes No If Yes, please describe: _____

Contingent Automobile Liability (Current Insurance Information)

1. Please State the Number of Owned/Leased Automobiles by Type:

Private Passenger: Minibus (<15 passengers): Microbus (<15 passengers):

Light Truck/Van: Bus (26<x<44 passengers): Intercity Bus (>45 passengers):

Heavy Truck: Other: _____

2. Current Automobile Liability Insurance Carrier: _____

3. Current Liability Limits: US\$ _____

4. Is Passenger Liability Covered? Yes No If Yes, please provide details on any sub-limits _____

5. Policy Effective Dates: _____

6. Number of people transported annually: _____

Contingent Watercraft Liability (Current Insurance Information)

1. Please State the Number of Owned/Leased Automobiles by Type:

Smaller than 8m (26'); Larger than 8m: (please attach schedule for all vessels > 8m)

2. Current Watercraft Liability Insurance Carrier:

3. Current Watercraft Liability Limits: US\$

4. Is Passenger Liability Covered? Yes No If Yes, please provide details on any sub-limits

5. Policy Effective Dates:

6. Number of people transported annually:

Percentage of Insured Activities (Must add up to 100%)

1. ATV's (All terrain vehicles)	%	16. Jeep Tours	%
2. Beach Tours	%	17. Kayaking & Canoeing	%
3. Biking	%	18. Parasailing	%
4. Scooters	%	19. Kite Surfing	%
5. Boat Rental (no motor)	%	20. Party Cruises	%
6. Culinary Tours	%	21. Rappelling	%
7. Deep Sea Fishing	%	22. Rock Climbing	%
8. Buggies	%	23. Sailing (Catamaran & Other)	%
9. Go-carts	%	24. Scuba Diving	%
10. Golfing	%	25. Snorkeling	%
11. Helicopter Tours	%	26. Wake Boarding	%
12. Hiking, Trekking or Mountain Climbing	%	27. Water Skiing	%
13. Horseback Riding	%	28. Wave Runners	%
14. Dolphin Watching	%	29. Towable Rides (Banana Boats)	%
15. Swimming Encounters	%	30. Other, please describe:	%

Risk Management

1. Are all participants given safety instructions before a tour and/or excursion? Yes No

2. Are there qualification requirements in place that participants must meet? Yes No

3. Are alcoholic beverages ever supplied or permitted on tours? Yes No

4. Do you have written policies & procedures to ensure proper serving of alcoholic beverages? Yes No

Please Check Loss Control / Risk Management Procedures Currently Used

Operations Manual Use of liability waivers/hold harmless releases

Loss Control Manual Guidelines for employee qualification requirements

Maintenance program of all equipment Safety manual for all employees and training for new employees

Use of disclaimers/responsibility clauses on brochures Employee criminal background check

Subcontractors

1. What percentage of your operation is subcontracted?

2. Are there standardized procedures for the collection of certificates of insurance from all subcontractors? Yes No

3. Are you listed as an Additional Insured on these certificates? Yes No

4. Do you have written policies & procedures to ensure proper serving of alcoholic beverages? Yes No

Loss History (Mandatory, if "None" please state)

Describe any claims that have occurred within the last five (5) years. Please include Description, Date of Claim, Amount (Paid or Reserve) Claim Status - Open or Closed (attach additional sheets if necessary):

Declaration

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties

Applicant Signature

Date