

The logo for Arnold Fisher, featuring the name in a white serif font on a dark blue rectangular background.

protect your world

Tour Operators Office Insurance

Full Names of Proposers

(including Associated/Subsidiary Companies & Trading/Partners names)

Postal Address

Contact Name

Postcode

Tel No.

Fax No.

Web Site:

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

Tour Operators Office Insurance (continued)

Property Damage

If more than three premises are to be covered please continue on a separate sheet

	Premise 1	Premise 2	Premise 3
a) Buildings (inc. Landlord's fixtures & fittings) <small>(Full reinstatement you should make provision for debris removal/ professional fees and VAT where applicable)</small>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
b) Tenants Improvements / Shop Front	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
c) Office Contents excluding Computers	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
d) Static Computers & Ancillary Equipment	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
e) Portable* Computers & Ancillary Equipment	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
f) Is any of the Computer Equipment 'Sun Systems'? <small>If 'Yes' please provide full details including Sums insured per item</small>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

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

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
<input type="text"/>	£ <input type="text"/>	UK / Worldwide	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	UK / Worldwide	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	UK / Worldwide	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	UK / Worldwide	£ <input type="text"/>

Example of items:

photographic equipment; projector; mobile phone etc EXCLUDES COMPUTER EQUIPMENT
Please continue on a separate sheet if required

Tour Operators Office Insurance (continued)

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
- d) State total annual turnover (gross) £
- e) State total annual wage roll £ f) State total number of staff

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

IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER

- 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) If the business is required to have audited accounts, do 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
- h) Do you or any parent or subsidiary, own or operate any overseas booking office? If 'Yes', please give full details Yes No

IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER

If you are unsure of how to answer 'd' or 'f' please speak with your accountant

Tour Operators Office Insurance (continued)

Money/Loss of Tickets

a) Do you have a safe? Yes No

If 'Yes' state exact make and model

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

If 'Yes', please provide full details (e.g. type of operation; amounts of money; type of counter; bandit glass; etc)

IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER

Fidelity Guarantee

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) Do you obtain recruitment references for all new employees? Yes No

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.

Tour Operators Office Insurance (continued)

Legal Expenses (Employment Disputes Only)

- a) Have you issued any final written warning or placed any employee on disciplinary suspension in the last six months? Yes No
- b) Have you dismissed any employee for any reason whether or not involving redundancy in the last six months? Yes No
- c) 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 Legal Expenses questions **a**, **b**, or **c** 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

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

REQUIRED

Type of Policy

REQUIRED

Premium

Renewal Date

REQUIRED

Tour Operators Office Insurance (continued)

General Questions (continued)

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

IF REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET OR ACCOMPANYING LETTER

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 7 years?

Yes No

If 'Yes', please give full details and supply confirmed claims experience

Date of occurrence

REQUIRED

Brief details of each incident

REQUIRED

Cost of loss/action

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 Other(s) Please specify

Tour Operators Office Insurance (continued)

General Questions (continued)

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) After enquiry that I/We am not aware of any circumstances which might otherwise affect the Company's consideration of this insurance.

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 together with the policy schedule and policy wording will form part of the contract between me/us and the Company. 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.

Signature Name
 (partner / director) (Please Print)

Date Position

WE RECOMMEND THAT YOU KEEP A RECORD, INCLUDING COPIES OF LETTERS AND THIS PROPOSAL FORM, OF ALL INFORMATION SUPPLIED TO US FOR THE PURPOSE OF ENTERING INTO THIS CONTRACT A COPY OF THIS PROPOSAL FORM WILL BE ISSUED ON REQUEST

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

All personal information supplied by you will be treated in confidence by Arnold Fisher Insurance Services Limited and the Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties 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 Arnold Fisher Insurance Services Limited and the Royal & Sun Alliance Insurance Group of companies or our agents or sub contractors. The Royal & Sun Alliance Insurance Group of companies may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal data, but in all cases the Group will ensure that it is kept securely and only used for the purpose for which you provided it. Details of the companies and countries involved can be provided to you on request.



Underwritten by Royal & Sun Alliance Insurance plc
 Registered in England and Wales No. 93792 Registered office at St Mark's Court,
 Chart Way, Horsham, West Sussex RH12 1XL
 Authorised and Regulated by the Financial Services Authority



Arranged by Arnold Fisher Insurance Services Ltd
 Authorised and Regulated by the Financial Services Authority