



## PROFESSIONAL INDEMNITY INSURANCE TRAVEL AGENTS PROPOSAL FORM

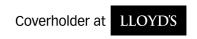
## **IMPORTANT NOTICE**

- All questions must be answered.Information provided is confidential.

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Coı	npany Name:					_		
Ado	dress:					Website:		
Tel	ſel:			Fax: Email:				
Tax	Registration Nr:.		/					
Yea	ar Established	Mo	emb	er of IATA: YES	NO			
Ref	er Professional As	ssociation you are a men	nber					
II. D	ETAILS OF PR	ACTICING PRINCIPA	ALS.	-PARTNERS-OFFICE	RS			
Full Name					Position in Fir	m – Years		
	SONNEL							
Owners Partners		Qualified staff/		Administrative	Tota	al Nr.		
III. I	PROFESSIONAL	L <b>ACTIVITY</b> (Full desc	ripti	on)		_		
1.			-	al Tourism Organization				
IV. (	GENERAL QUE	STIONS						
1.		vations System subscribed	1:					
	AMADEUS 🗌	GALILEO SABR	EΓ	] WORLDSPAN [] C	Other: 🔲			
2.	Total No of Peop	le - Clients handled last y	ear:					
	1-3.000 3-	-5.000 5-10.000	]	10-15.000 15-20.00	00			
	Other, please spec	cify:						
3.	Does your Firm operate its own tours or sell tours to other agents or affinity / non-affinity groups? (If YES, please provide description or sample of brochure/s)							□NO
4.	Is your Firm invo	olved in Adventure Tours	(i.e.	skiing, rafting, etc.)?			YES	□NO





5. Are you member of a consortiu	m or group practic	ce or engaged in a	n project partnership	9? /	☐ YES	□ NO
If YES, give the names of other me ( <b>Note:</b> If coverage is required for v						
V. TOTAL INCOME FEES (last 2	years & estimation for	r current year)				
A to Tit of order	201. €		<b>201</b> €		<u>201</u> €	
Air Tickets						
TOTAL	€	=	€		€	
Division of professional activity &	respective % of	total fees / Δρα	στηριότητα & αντ	ίστοιχο %	επί των συνολικών α	μοιβών
☐ Ticketing	% Grou	p Travel (Incom	ing) %			
Hotel bookings (Local)	% Cruis	ses	%			
Hotel bookings (Int/al)	% Conf	erences & Incen	tives %			
Group Travel (Outgoing)	%	r (specify)	%			
VII DDEVIOUS INSUDANCE 8-	DDEVIOUS CI	A IMC INFODM	AATION			
VII. PREVIOUS INSURANCE &			AATION			NO
Have you previously been insured	? (II so, please spe	T delow):			∐ YES ☐	NO
Insurance Company	/	Policy Period			Limit of Indemnity	
a) Have you been subject to any di governmental, regulatory or pro-		dings or incurred	any fines or other	sanctions l	by TES	□ NO
b) Have any claims been made aga	ring the past yea	rs?		☐ YES		
c) Are you aware of circumstances	n claim?			☐ YES		
Where YES, give respective detail	S					
VIII. INDEMNITY REQUIRE	D					
Any one Claim:	□ 250,000€	500,000€	□ 1,000,000€	Other	······································	
Aggregate:	500,000€	1,000,000€				
Deductible:	000€ ☐ Other	:				
I declare that the statements and material facts. In case insurance supplied by me/us shall form the of any material alteration to these	cover is concluded basis of any Control	ded, I/We agree ract of Insurance	that this Proposa effected thereon.	l together I/We unde	with any other infortake to inform Unde	rmation
Date / /			Stamp	)		
Signature / Name (Partner/Principal/Director):						