

**PROFESSIONAL INDEMNITY INSURANCE
TRAVEL AGENTS
PROPOSAL FORM**

IMPORTANT NOTICE

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

I. GENERAL DATA

Company Name:		
Address:		Website:
Tel:	Fax:	Email:
Tax Registration Nr:..... /		
Year Established..... Member of IATA: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Refer Professional Association you are a member		

II. DETAILS OF PRACTICING PRINCIPALS–PARTNERS–OFFICERS

Full Name	Qualifications – Years of Experience	Position in Firm – Years

PERSONNEL

Owners Partners	Qualified staff/	Administrative	Total Nr.

III. PROFESSIONAL ACTIVITY (Full description)

1. Please attach copy of license from the National Tourism Organization

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IV. GENERAL QUESTIONS

1. Electronic Reservations System subscribed:

AMADEUS GALILEO SABRE WORLDSPAN Other: _____

2. Total No of People - Clients handled last year:

1-3.000 3-5.000 5-10.000 10-15.000 15-20.000

Other, please specify:

3. Does your Firm operate its own tours or sell tours to other agents or affinity / non-affinity groups? YES NO
 (If YES, please provide description or sample of brochure/s)

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4. Is your Firm involved in Adventure Tours (i.e. skiing, rafting, etc.)? YES NO

5. Are you member of a consortium or group practice or engaged in a project partnership? / YES NO

If YES, give the names of other members/partners and their capacities in the consortium / partnership. Full information will be required.
 (Note: If coverage is required for work done whilst a member of a consortium, a copy of the consortium agreement will be required.)

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V. TOTAL INCOME FEES (last 2 years & estimation for current year)

	201..	201..	201..
Air Tickets	€	€	€
TOTAL	€	€	€

Division of professional activity & respective % of total fees / Δραστηριότητα & αντίστοιχο % επί των συνολικών αμοιβών

- | | |
|--|---|
| <input type="checkbox"/> Ticketing ... % | <input type="checkbox"/> Group Travel (Incoming) ... % |
| <input type="checkbox"/> Hotel bookings (Local) ... % | <input type="checkbox"/> Cruises ... % |
| <input type="checkbox"/> Hotel bookings (Int/al) ... % | <input type="checkbox"/> Conferences & Incentives ... % |
| <input type="checkbox"/> Group Travel (Outgoing) ... % | <input type="checkbox"/> Other (specify) ... % |

VII. PREVIOUS INSURANCE & PREVIOUS CLAIMS INFORMATION

Have you previously been insured? (If so, please specify below): YES NO

Insurance Company	Policy Period	Limit of Indemnity

- a) Have you been subject to any disciplinary proceedings or incurred any fines or other sanctions by governmental, regulatory or professional body? YES NO
- b) Have any claims been made against your Firm during the past years? YES NO
- c) Are you aware of circumstances that may result in claim? YES NO

Where YES, give respective details

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VIII. INDEMNITY REQUIRED

Any one Claim: 250,000€ 500,000€ 1,000,000€ Other:.....
 Aggregate: 500,000€ 1,000,000€ 2,000,000€

Deductible: 2,500€ 5,000€ Other:

I declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. In case insurance cover is concluded, I/We agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance. /

Date / /

Stamp

Signature / Name
 (Partner/Principal/Director):