

# PROFESSIONAL INDEMNITY INSURANCE TRAVEL AGENTS & TOUR OPERATORS

## Supplementary Questionnaire

Name under which business is conducted, that will be the Insured in the insurance policy. Also referred to as 'Proposer', 'You' or 'Your' in this questionnaire:

Policy Number:

a. State percentage of total turnover relating to holidays and journeys

i. in the UK  %      ii. in USA/Canada  %      iii. elsewhere  %

b. Do you act as a Tour Operator?

(By Tour Operating, we mean the design and provision by you of any nationally advertised or nationally promoted travel package or holiday tour, either through agents or direct to the public)      Yes  No

If 'Yes', state turnover  £

State percentage of total turnover relating to holidays and journeys

i. in the UK  %      ii. in USA/Canada  %      iii. elsewhere  %

c. Do you

i. design and provide packages which are only available through you and advertised and promoted locally? (but excluding Tour Operating as described in Question b.)      Yes  No

If 'Yes', state turnover  £

ii. design and provide tailor-made packages at the request of a client or group of clients, which could involve the arrangement of transport and/or accommodation and/or other services? (but excluding Tour Operating as described in Question b.)      Yes  No

If 'Yes', please state turnover  £

If question c.i. or c.ii. has been answered 'Yes'

1. state percentage of your turnover relating to holidays and journeys

i. in the UK  %      c.i.  %      c.ii.  %

ii. in the USA or Canada  %       %       %

iii. elsewhere  %       %       %

2. state percentage of your turnover relating to

i. specialist holidays for mentally or physically disabled persons  %

ii. holidays for children only  %

iii. activity holidays e.g. water sports, diving, mountaineering or skiing  %

d. Are arrangements made for schools or other large parties?      Yes  No

If 'Yes', please state the maximum number of persons on any one booking form

e. i. In relation to the sale of connected travel insurance (CTI)

are you

FCA authorised?      Yes  No

An Appointed Representative?      Yes  No

An Introducer Appointed Representative?

Yes  No

Other? (Please explain below)

ii. State approximate percentage of turnover relating to CTI premiums

%

## IMPORTANT NOTICES

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**Please read the following carefully before you sign and date the Declaration And Undertaking.**

### IMPORTANT NOTICE CONCERNING YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

Before the insurance policy takes effect the Insured have a duty to make a fair presentation of the risks to be insured under the insurance policy.

A *fair presentation of the risk* is one:

- which:
  - discloses to the Insurer every material circumstance which the Insured know of or ought to know of; or
  - gives the Insurer sufficient information to put the Insurer on notice that it will need to make further enquiries for the purpose of revealing those material circumstances,
- which makes that disclosure referred to above in a manner which is reasonably clear and accessible to the Insurer; and
- in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made in good faith.

A *material circumstance* is one that would influence the Insurer's decision as to whether or not to agree to insure the Insured and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to the Insurer.

A copy of the questionnaire should be retained by you for your own records.

### FAIR PROCESSING NOTICE

RSA will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998.

## DECLARATION AND UNDERTAKING

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I/We declare that every statement and particular contained within this questionnaire:

- which is a statement of fact, is substantially correct, and
- which is matter of expectation or belief, is made in good faith.

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I/we undertake to provide details of all such changes to the Insurer in order to comply with my/our obligation to provide a fair presentation of the risk to be insured under the insurance policy.

For the purposes of making this Proposal for insurance, I/We agree that the Intermediary (which I/We have appointed to advise in relation to this policy) is acting on My/Our behalf and not as an agent of the Insurer.

Signature (Principal)

Date

On behalf of\*

\*insert name of Proposer

This insurance will not commence until the Insurer has indicated acceptance of the Proposal. The Insurer reserves the right to decline any Proposal.

**Please initial any alterations on this questionnaire.**