

# Tour operator travel insurance request form



Company name <hr/>	Contact name <hr/>
Address <hr/>	Position <hr/>
	Tel <hr/>
	Fax <hr/>
	Email <hr/>
	Website <hr/>

How did you hear about us?      Advert       Recommendation       Other

1. Please briefly describe your company background (eg ownership, date started etc.) and the type of holidays you provide:

2. How do you market your tour operation?

3. Please advise your passenger sales by area:

<b>UK</b> passenger numbers	<b>Europe</b> passenger numbers	<b>Worldwide excluding USA</b> passenger numbers	<b>USA</b> passenger numbers
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

4. Do the majority of your passengers travel to one country/area?      Yes       No

If yes, which country/area?

5. Please detail the % split of your business:

Summer Sun <input style="width: 50px;" type="text"/>	Winter Sun <input style="width: 50px;" type="text"/>	Winter Sports <input style="width: 50px;" type="text"/>	'Hazardous' Activity <input style="width: 50px;" type="text"/>	Cruise <input style="width: 50px;" type="text"/>
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6. What proportion of these passengers are:      Children under 18?  %      Over 65 years?  %

7. What proportion of your total sales is:      Direct  %      Via travel agents  %      Via internet  %

8. What is your insurance take-up? (insurance sales per 100 passengers)      Direct  %      Via travel agents  %      Via internet  %

9. Average and maximum holiday cost current year (per person) <input style="width: 100%;" type="text"/>	10. Estimated increase/decrease of holiday cost for next year. <input style="width: 100%;" type="text"/>
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11. Please show your anticipated cancellation charges for next year

Days/weeks

% of holiday cost

12. Is the cancellation scale the same as the current year?

Yes

No

13. If no, please confirm your current arrangement

Days/weeks

% of holiday cost

14. How much is the deposit required from clients?

This year

Next year

15. Are there any major changes planned for the coming season?  
(eg new types of holiday offered)

Yes

No

16. If you answered 'yes' to question 15, please give details of these changes in the box below:

17. Please give details of any changes required or ideas you want us to explore to your existing insurance in the box below:

18. If your current policy has any specific arrangements for your operation, please detail them here.

19. Who is your current insurer/broker?

Renewal date

Estimated annual net premium (excluding IPT) to insurers? £

Please will you enclose with this form:

Current brochures

Current policy wordings

Current net rates

Signed

Print name

Date

Office use only Further action required

Diaried for