LLOYD'S
Underwriters

TOKIO MARINE
HCC

Travel Agents Combined Application Canada

Errors and Omissions
General Liability

General information

1. Please provide the following details (including all trading names and subsidiaries):

Name: Date of establishment:

Website address:

2. Address/es of all companies (including subsidiaries):

Address including postal/zip code:

3. Please supply details of all principals, directors, partners:

Name:	Qualifications:	How long with the company?

4. Please state total numbers of:

Principals, directors, partners:	Qualified staff:	Administration:	Others:

5. Please state the name of any professional body or trade association of which the company are members?

Professional body:

Trade association:

6. Do you currently have a E&O &/or CGL policy in place? ☐ Yes ☐ No

If **YES**, please provide:

	E&O	**CGL**
Renewal date:		
Limit of liability:		
Premium:		
Retroactive Date (DD/MM/YYYY):		

7. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? ☐ Yes ☐ No

If **YES**, please provide details of the nature of the association, together with the name of the business and activities undertaken:

8. Do you use third party suppliers? ☐ Yes ☐ No

If **YES**,

a. What s the nature of the products or services supplied?

b. Are suppliers required to carry errors and omissions and general liability insurance to a similar limit? ☐ Yes ☐ No

If **NO** to **8b**, please provide details as to why this is not required:

Business Activities

9. Please complete the following:

	Passenger number for previous 12 months	Turnover for previous 12 months	Estimated passenger number for next 12 months	Estimated turnover for next 12 months
Sale of your own packages		$		
Sale of third-party packages		$		
Flight or other transportation only		$		
Accommodation only		$		
Connected travel Insurance		$		

10. Do you sell directly to United States Residents? ☐ Yes ☐ No

If **YES**, what percentage of your overall passengers?

11. If you sell connected travel insurance, please confirm this is as an introducer only?

☐ Yes ☐ No ☐ N/A

If **NO,** please provide full details:

12. Please list your top 5 destinations by the number of passengers:

Destination	Passenger numbers
1.	
2.	
3.	
4.	
5.	

13. Do you, or any parent or subsidiary, own (wholly or partly) or operate any of the accommodation, transport or activities used in your holidays? ☐ Yes ☐ No

If **YES,** please give full details:

14. Please specify all activities that form a part of bookings you make on behalf of clients, together with the corresponding passenger numbers i.e. climbing, trekking, scuba diving, horse riding, cycling, skiing or snowboarding (where tuition is included), dog sledding etc.

Activity	Passenger numbers

15. Do you offer any specialist holidays?

Type of holiday	Passenger numbers
School / Student Tours (pls advise age range)	
Groups & Conferences	
Coach Tours	
Senior Tours	

Risk management

16. Do you or your agents regularly inspect accommodation and other facilities to ensure that safety and fire precautions are adequate and local regulations observed? ☐ Yes ☐ No

If **YES,** please indicate who undertakes the risk assessment and what procedures are in place to follow up any issues that arise ☐ Yes ☐ No

Are copies of risk assessments retained?

17. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? ☐ Yes ☐ No

18. Above what amount do payments require at least a two-stage sign-off? $

19. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? ☐ Yes ☐ No

If **YES**, ☐ Yes ☐ No

a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution?

b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? ☐ Yes ☐ No

c. What steps have you taken to ensure that the transaction has been completed successfully?

20. Do you carry out work only under a standard contract signed by every client? ☐ Yes ☐ No

If **YES**, please supply a copy of your standard form of contract, or otherwise a typical example of contract used and confirm if this has been reviewed by a legally qualified person. ☐ Attached

If **NO**, are all contracts vetted by a legally qualified person before being agreed? ☐ Yes ☐ No

21. When entering into contracts do you always:

a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? ☐ Yes ☐ No

b. Cap your overall liability at a reasonable level? ☐ Yes ☐ No

c. Work to a written specification with your clients outlining the scope of each job? ☐ Yes ☐ No

d. Ensure that changes to the scope of work are reflected in a written variation of the contract? ☐ Yes ☐ No

If **NO**, to any of the above, please explain why:

22. For what limits of indemnity are quotations required?

☐ $250,000	☐ $500,000	☐ $1,000,000
☐ $2,000,000	☐ $5,000,000	☐ $10,000,000

☐ Other

Claims

23. In respect of any of the risks to which this application relates:

a.	Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?	☐ Yes	☐ No
b.	Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?	☐ Yes	☐ No

If **YES** to a. or b., please provide details:

Date of claim/loss:	Brief details of each claim/loss:	Total cost of claim/loss paid	Estimated total cost of claim/loss:

c. What steps have been taken to prevent a recurrence?

24. Are you, after full enquiry:

a.	Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?	☐ Yes	☐ No
b.	Aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes		
i.	A shortcoming known to you, but not your client, which you cannot reasonably put right?	☐ Yes	☐ No
ii.	A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?	☐ Yes	☐ No
iii.	An escalating level of complaint from your client on a particular project?	☐ Yes	☐ No
iv.	A client withholding payment due to you after any complaint?	☐ Yes	☐ No

If **YES** to any of the above, please provide details:

25. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously? ☐ Yes ☐ No

If **YES**, please provide details:

Declaration

On behalf of the Applicant/s, I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of Principal / Director / Partner:

Date: