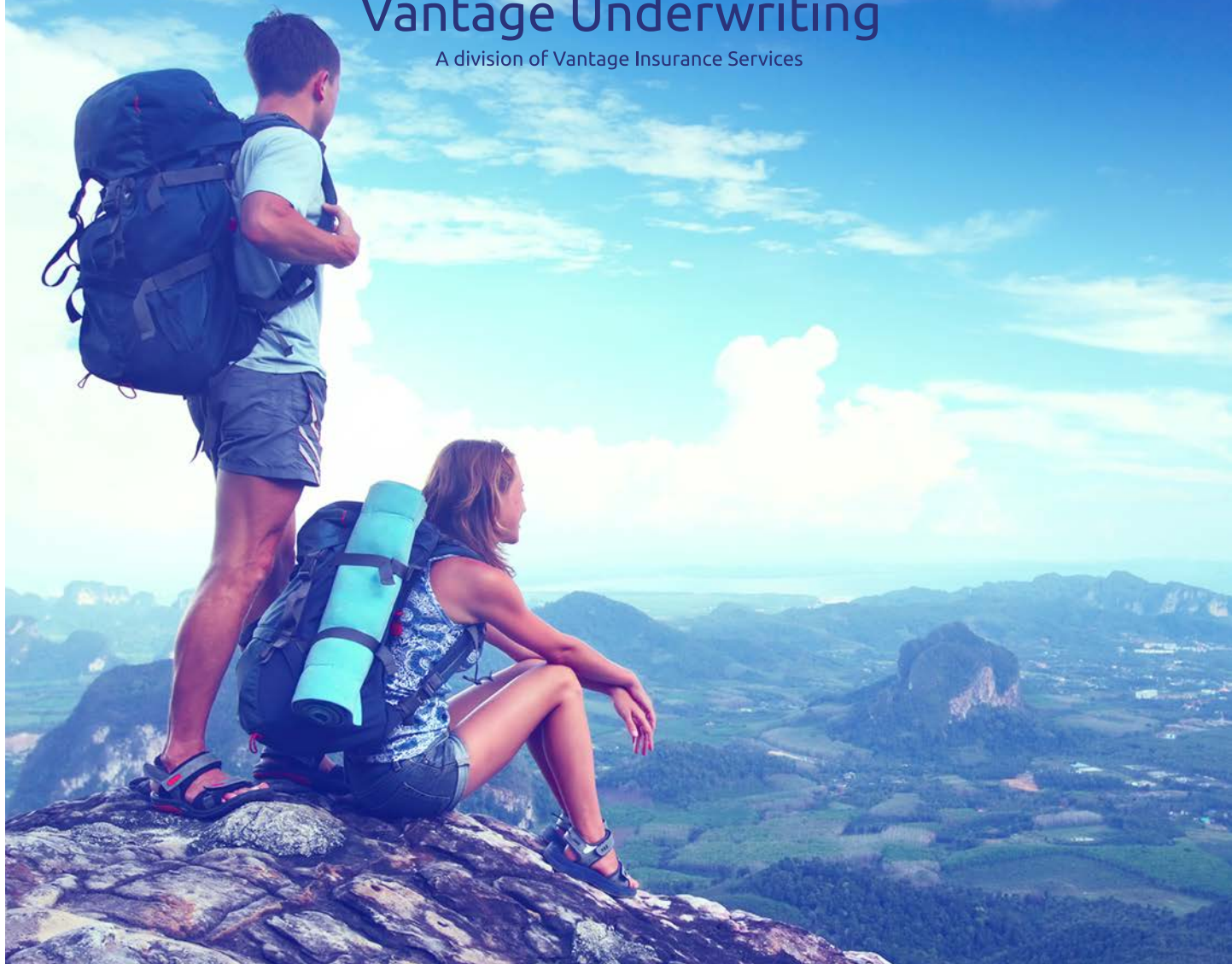




Vantage Underwriting

A division of Vantage Insurance Services



Event/Conference Organisers &/or Tour Operators Proposal Form

41 Eastcheap, London, EC3M 1DT
T 020 7655 8060 E enquiries@vantageinsurance.co.uk
www.vantageinsurance.co.uk  [@vantage_insure](https://twitter.com/vantage_insure)

Vantage Underwriting is a division of Vantage Insurance Services Limited (VISL) which is authorised and regulated by the Financial Conduct Authority. VISL is registered in England No. 3441136.

1. Proposer

Company Name: (Please state full title including names of subsidiary and/or associated companies.)		
Name of Contact:	Tel No:	
Email Address:		
Principal Address:		
Number of other Offices:	Date Business Established:	
Do you have any assets or representation outside the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		
Of which trade associations is the company a member?		
Do you have a written Health & Safety Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been prosecuted under the Health & Safety at Work Act or other statute or regulation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		



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2. Business Activities

Please indicate in which areas of business your company is engaged:

Tick Box	Activity	Turnover last 12 months	Estimated Turnover next 12 months
<input type="checkbox"/>	Incentive & Conference Management involving Group Travel or as Tour Operator	£	£
<input type="checkbox"/>	Conference Management not involving Group Travel or as Tour Operator	£	£
<input type="checkbox"/>	Other Corporate Event Management (Please describe)	£	£
<input type="checkbox"/>	Business House Travel Agency	£	£
<input type="checkbox"/>	Consumer Travel Agency	£	£
<input type="checkbox"/>	Marketing Services, Motivation Management, Telesales, Training	£	£
<input type="checkbox"/>	Design and Production of Promotional Material, Conference Guides etc.	£	£
<input type="checkbox"/>	Property Owners (Tick box if you own property even if no income derived)	£	£
<input type="checkbox"/>	Other activities (Please describe)	£	£

3. Jurisdiction

Do you transact business with overseas clients (not suppliers)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please state in respect of:	Next 12 months estimated turnover from USA/Australia	Next 12 months estimated turnover from elsewhere
Business transacted from UK with overseas clients:	£	£
Business transacted from your overseas offices:	£	£
Please provide details of the type of work carried out for these overseas clients:		
Do you market to American or Australian Nationals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		

4. Event Management

1. Do you have a standard contract between you and your clients to which you comply? (If yes please supply a copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. What is the proportion of your work undertaken based on this contract?	%	
3. Do you carry out any manual work away from your own premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		
4. Do you employ other companies (inc. sub-contractors) to organise events or parts of events on your behalf? If yes, do you:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Retain rights of recovery against such companies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Ensure that they carry their own Public Liability Insurance with a limit of liability of at least £1,000,000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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5. Hazardous Activities

1. Do any of the events you organise involve any of the following?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	Estimated turnover Last 12 months	Estimated turnover Next 12 months
a. Skiing and other winter sports	£	£
b. Motorised vehicles (other than vehicles being used on the public highway under the terms of the Road Traffic Acts)	£	£
c. Motorised Water Sports	£	£
d. Shooting, Archery, Paintball	£	£
e. Abseiling, Bungee Jumping, Climbing & Caving	£	£
f. Sub-aqua Diving	£	£
g. Parachuting, Parascending, Paragliding, or any other aerial activity other than as a passenger in an aircraft	£	£
h. Waterborne activities including White Water Rafting, Canoeing	£	£
i. Large audiences	£	£
j. Any other hazardous activities	£	£

If yes, please provide details:

2. Do you always employ specialist sub-contractors to manage hazardous activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If No, please provide details of what activities you provide yourself:



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6. Package Holidays &/or Accommodation only (as principal)

Please specify the five principal destination countries of your programme, together with the passenger numbers that they represent:

Territorial Destinations	Packages

Of the holidays sold how many have a duration of 4 days or less?	
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7. Transport, Accommodation, Venues & Activities

Does the Proposer or any Subsidiary own (partly or wholly) or operate any transport, accommodation, venues or activities companies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details:

8. Employees

Are all your employees employed under UK and/or EU contract of employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If No, state number and nationality of foreign employees:

Due to the requirements of the Employers' Liability Tracing Office, the Employer's Reference Number (ERN) must be supplied for the Insured and all subsidiary companies. (The certificate will not be released until this information is received).

Employer's Reference Number(s):



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Details of Employees			
Description	Estimated No. of Employees	Work at your premises	Away from your premises
Managerial and clerical, employees who do not engage in manual labour:			
Manual employees:			
Please describe duties:			
Labour only sub-contractors & self-employed sub-contractors supplying Labour only (e.g. tour directors, freelancers):			
Please describe duties:			
Totals			



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9. Additional questions for companies involved in Group Travel & Tour Operators/Travel Agency

If you are involved in incentive, conference, and event management involving group travel, or as tour operator forming packages under the "Package Travel Regulations", or travel agency, or business travel agency, please answer the questions in this section:

Do you have an ATOL?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ATOL No.
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Renewal Date of ATOL:

State the number of persons on:

Activity	Number of persons last 12 months	Est. Number of persons next 12 months
Inclusive packages:		
Flights or Flight Plus:		

Please provide a division of the package travel turnover according to destination:

Territory/Country	Last 12 months	Est. Next 12 months
United Kingdom	£	£
Northern Europe	£	£
Southern Europe (Not Turkey & Greece)	£	£
Turkey, Greece, Egypt, India	£	£
Eastern Europe (Former Eastern Bloc)	£	£
USA/Canada	£	£
Caribbean	£	£
Elsewhere. Please specify:	£	£

10. Directors & Officers

Only to be completed if cover is required

Statement of Fact	Yes	No
Is the Proposer a UK registered private limited company?	<input type="checkbox"/>	<input type="checkbox"/>
Do the Proposer's latest annual reports and accounts show a positive net worth and positive net income (after tax)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own, run your own aeroplanes / mode of air transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Is your main source of revenue the sale of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Proposer:		
i. aware of any proposal relating to its acquisition by another organisation; or	<input type="checkbox"/>	<input type="checkbox"/>
ii. contemplating any offering or share issue, in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Proposer have any subsidiaries, assets or presence in the United States of America, Canada or any of their territories?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any claims or investigations against the Proposer, its board members or employees within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Proposers board members aware, after enquiry, of any circumstance or incident which may give rise to a claim or investigation under the proposed policy?	<input type="checkbox"/>	<input type="checkbox"/>

Employment Practices Liability	Yes	No
The Proposer confirms that all employees are based in the UK.	<input type="checkbox"/>	<input type="checkbox"/>
The Proposer confirms that a contract of employment and employee handbook (which includes written employment and grievance procedures) has been issued to all employees.	<input type="checkbox"/>	<input type="checkbox"/>
The Proposer confirms that HR consultants or legal advisors are always consulted to review employment terminations.	<input type="checkbox"/>	<input type="checkbox"/>
The Proposer confirms that no redundancies, terminations or changes to employee benefits have taken place in the last 12 months or are planned in the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
The proposer or any of its employees confirm that they have not encountered any employment related claim, complaints, administrative, tribunal hearing or litigation in the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>

11. Claims or Incidents

(Please note - we are not seeking details of claims under any travel insurance scheme operated by you. It is possible for a claim to be made against you arising out of a travel insurance dispute, and such incidents should be notified).

Please provide details of any claims or incidents made against you in the last 5 years, whether insured or not:

Please provide details of any:	Date	Details	Costs (paid)	Reserved
Complaints which have been notified to Insurers:			£	£
Injury to any traveller on a holiday/tour/event operated by you:			£	£
Liability claims arising from injury to Employees:			£	£

12. Extensions to Professional Indemnity Section

These extensions can be taken with Section 2, Clause B: Full Professional Indemnity Wording
Please indicate extensions required. N/A

1. Liability Arising from Dishonesty of Employees (N.B. This is not a fidelity guarantee):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Legal Liability for Loss of Documents:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Indemnity to Former Partners/Directors:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, Number of Former Partners/Directors:		

13. Current Insurance Details

A. Please give details of all accidents/incidents/claims in the last five years whether insured or not				
	Indemnity Limit	Excess	Premium	Expiry Date
Public/Products Liability:	£	£	£	£
Professional Indemnity:	£	£	£	£
Employers' Liability:	£	£	£	£
Current Insurers:				
Brokers Name & Address:				
Contact Name:				

14. Cover Required

	Indemnity Limit	
Public/Products Liability:	£	
Professional Indemnity:	£	
Employers' Liability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Directors & Officers:	£250,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>
	£500,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>
Crisis Management:	£100,000 <input type="checkbox"/>	£250,000 <input type="checkbox"/>

Special Needs or Requirements

Please state any special demands and needs which you have in relation to liability &/or professional indemnity risks or this insurance:

IMPORTANT INFORMATION - YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. You must therefore tell us about all facts and circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it. If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a. deliberate or reckless; or
- b. of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- c. reduce proportionately the amount payable on any claim by reference to the ratio which the premium actually charged bears to the premium which we would have charged had you told us about a material fact or circumstance (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- d. treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check that all of the facts, statements and information set out in this form are complete and accurate. You must check with anyone you employ in your business that the facts and statements set out in this form are complete and accurate.

IF ANY OF THE FACTS, STATEMENTS AND INFORMATION SET OUT IN THIS FORM ARE INCOMPLETE OR INACCURATE, YOU MUST CONTACT US IMMEDIATELY. FAILURE TO DO SO COULD INVALIDATE YOUR POLICY OR LEAD TO A CLAIM NOT BEING PAID.

DECLARATION

I/we declare that:

- a. I/we have read this form and understand that I/we are under a duty to make a fair presentation of the risk and that failure to do so could result in my/our Policy being invalidated and/or a claim not being paid
- b. the facts, statements and information contained within this form, whether provided by me/us or by others on my/our behalf, are true and complete
- c. any facts, statements and information which are not contained within this form but which have been provided to you separately by me/us or by others on my/our behalf are true and complete
- d. I/we have declared all material facts and circumstances which may affect the risk of being accepted by you under this Policy even if you have not asked me/us any questions about such facts
- e. I/we have made all reasonable enquiries of those who work for or with me/us to ensure that all facts, statements and information provided to you are accurate and correct.

Signature: (Partner/Director)

Name: (Please print)

Date:

Position:

ADDITIONAL INFORMATION

Please enclose copies of current brochures, corporate information and booking conditions or terms of business, and copies of any special agreements or contracts. Use the space below for any further information referred to in this proposal form, or other material information.