



[Professional & General Liability]

## **PROSURE TRAVEL AGENTS COMBINED APPLICATION**



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# PROSURE TRAVEL AGENTS COMBINED APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## PART 2 COMPANY DETAILS

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

Name	Date Established

Website Address: \_\_\_\_\_

Address(es) of all Companies (including subsidiaries and postal codes):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please supply details of all principals, directors, partners:

Name	Qualifications	How long with Company?

Please state total numbers of:

Principals, Directors, Partners: \_\_\_\_\_ Qualified Staff: \_\_\_\_\_ Administration: \_\_\_\_\_ Others: \_\_\_\_\_

Please state the name of any professional body or trade association of which the company are members, if applicable:

Professional body: \_\_\_\_\_

Trade association: \_\_\_\_\_

Do you currently have an E&O and or CGL policy in place?  Yes  No If "Yes", please provide:

**E&O Policy:** Renewal Date: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

**GGL Policy:** Renewal Date: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

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

If YES to above, please provide details of the nature of the association, together with the name of the business and activities undertaken.

Do you use third party suppliers?  Yes  No

What is the nature of the products and services supplied?

If Yes to above, are suppliers required to carry errors and omissions and general liability insurance to a similar limit?  Yes  No

If No, please provide details as to why this is not required:

**PART 3 BUSINESS ACTIVITIES**

Please complete the following:

	Passenger Number for previous 12 months	Revenue 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	N/A	\$	N/A	

Do you sell directly to United States Residents?  Yes  No If "Yes", what percentage of your overall passengers? %

If you sell connected travel insurance, please confirm this is an introducer only:  Yes  No  N/A If "No", please provide full details:

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

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

Do you or any parent or subsidiary, own (wholly or partially) or operate any of the accommodation, transport, or activities used in your holidays?  Yes  No If "Yes", please give full details:

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, skiboarding or snowboarding (where tuition is included), off road vehicles, use of watercraft, dog sledding, etc.

Activity	Passenger Numbers

Do you offer any specialist holidays?  Yes  No If "Yes", please give details:

Type of Holiday	Passenger Numbers
School / Student Tours (please advise age range)	
Groups & Conferences	
Coach Tours	
Senior Tours	

## PART 4 RISK MANAGEMENT

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" to above, please indicate who undertakes the risk assessment and what procedures are in place to follow up on any issues that arise.

Are copies of assessments retained:  Yes  No

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

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

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, to above:**

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?  Yes  No

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

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

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

If YES to above, 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.

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

**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:

**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:

**PART 5 CLAIMS**

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

Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?  Yes  No

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 above questions, please provide details:

Date of claim/loss (DD/MM/YYYY)	Brief details of each claim/loss:	Total cost of claim/loss paid	Estimated total cost of claim/loss:
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

What steps have been taken to prevent a reoccurrence?

**Are you, after full inquiry:**

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

aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes:  Yes  No

a. A shortcoming known to you, but not your client, which you cannot reasonably put right?  Yes  No

b. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?  Yes  No

c. An escalating level of complaint from your client on a particular project?  Yes  No

d. A client withholding payment due to you after any complaint?  Yes  No

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

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?

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_

## BROKER DECLARATION

How long have you known this Applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the Applicant's operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this Applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_