



# PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS FOR TOUR OPERATORS

This is an Application Form for insurance from **Travelers Guarantee Company of Canada** relating to claims made against the Insured during the Policy Period.

**ALL QUESTIONS MUST BE ANSWERED. IF THERE IS NO ANSWER, WRITE "NONE" OR "NOT APPLICABLE". Where space provided is insufficient to fully answer, please attach a separate sheet(s).**

**COPIES OF THE FOLLOWING INFORMATION MUST BE ENCLOSED WITH THIS APPLICATION:**

- i) Resumes of Principals, Partners and senior staff members
- ii) Brochures and/or promotional literature

**A copy of your standard written contract and/or letter of agreement**

1. Name of Applicant Firm: \_\_\_\_\_

2. Address of Head Office: \_\_\_\_\_  
 \_\_\_\_\_

3. Web-site Address: \_\_\_\_\_ Year Established: \_\_\_\_\_

4. Location(s) of Branch Office(s): \_\_\_\_\_

5. Applicant is:  a Corporation  a Partnership  an Individual

6. (a) Are you controlled or owned by, or associated with, any other firm, organization or corporation?  Yes  No

(b) Do you own or control any subsidiaries?  Yes  No

(c) If Yes, to (a) or (b), please attach full details.

7. Please provide a full written description of your operations (*attach brochures and promotional literature*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Please provide a breakdown of your annual Gross Revenue by type of service provided:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Do you act as a: (a). Franchisor  Yes  No  
 (b). Franchisee  Yes  No

10. (a). Are you licensed with the Travel Industry Council of Ontario?  Yes  No  
 (b). Are you licensed as a: i). Retailer  Yes  No  
 ii). Wholesaler  Yes  No

11. **This section must be completed for any indication of terms:**  
 (a) Last completed Fiscal Year is from: \_\_\_\_\_ to: \_\_\_\_\_  
 (b) Gross Revenue from tours for last completed Fiscal Year: \$ \_\_\_\_\_  
 Gross Revenue from tours for current Fiscal Year: \$ \_\_\_\_\_  
 Estimated Gross Revenue from tours for next Fiscal Year: \$ \_\_\_\_\_

(c) Please indicate total revenue generated from the following activities for the last completed fiscal year:

- a. Airline or other transit \$ \_\_\_\_\_
- b. Business placed through other package tour operators \$ \_\_\_\_\_
- c. Insurance products (please describe): \_\_\_\_\_ \$ \_\_\_\_\_
- d. Wholesale (please attach a detailed description) \$ \_\_\_\_\_
- e. Other (please attach a detailed description) \$ \_\_\_\_\_

12. Please indicate the percentage of tour revenue generate from each of the following:

- a. Student groups \_\_\_\_\_%
- b. Incentive tours \_\_\_\_\_%
- c. Conventions/seminars \_\_\_\_\_%
- d. Adventure tours or tours of a hazardous nature \_\_\_\_\_%  
(e.g. mountain climbing, safaris, deep sea diving, hostile environments, sports activities, etc.)
- e. Other specialized tours (please attach a detailed description) \_\_\_\_\_%

13. With regards to tours, please indicate:

- a. Average number of tours per month: \_\_\_\_\_
- b. Average duration of tours: \_\_\_\_\_
- c. Average number of people per tour: \_\_\_\_\_

14. Are all tour escorts your employees?  Yes  No

If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. What level of qualifications and experience are required for drivers? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. What proportion of your Gross Revenue comes from clients outside Canada? (Please give percentage for each country):

Country	Percentage of Gross Revenue
	%
	%
	%

17. Do you anticipate any changes in the nature of your operations or the sources of your revenue over the next twelve months?  Yes  No

If Yes, please provide full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. (a). What percentage of the time is a standard written contract used with clients? \_\_\_\_\_%

(b). Please **attach** a copy of the standard contract currently in use.

19. Please provide a breakdown of your staff as follows:

Personnel	Number of Staff
Principals/Partners	
Full-time Employees	
Part-time Employees	
Contract Employees	
Other (please describe):	
<b>For all Principals, Partners and Senior Staff, please attach a detailed resume that includes educational qualifications and professional experience.</b>	
<b>Note that "Contract Employees" does not include independent contractors.</b>	

20. (a) Do you use sub-contractors?  Yes  No

(b) If Yes, how often? \_\_\_\_\_

(c) What services do these sub-contractors perform? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Do you require sub-contractors to carry Errors and Omissions Insurance?  Yes  No

21. List the Professional Associations of which you, your Principals, Partners or Senior Staff are members:

22. What is your policy with regards to trip cancellations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. What is your procedure for advising travelers of required passports, visas, and other documentation that may be required on each tour? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Are all accommodations/venues inspected for quality before being incorporated into a tour?  Yes  No

24. (a) Are head counts taken periodically during each tour?  Yes  No

(b) If so, how often? \_\_\_\_\_

(c) What procedure is in place in the event someone fails to rejoin the tour? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24.(a) Please provide the following details of all Professional Liability or Errors and Omissions Insurance carried in the past 3 years:

Insurer	Expiry Date	Limit of Liability	Deductible

(b) In what year did you first purchase Professional Liability/Errors and Omissions coverage?

(c) Has there been any interruption in this coverage?

Yes  No

If Yes, please explain: \_\_\_\_\_

25. Has any similar insurance been refused, cancelled or not renewed by an insurer?

Yes  No

If Yes, please give details: \_\_\_\_\_

26. Has the Applicant Firm or any Principal, Partner or employed professional ever been investigated by or suspended from practice by any body governing the practice of his/her profession?

Yes  No

If Yes, please give details: \_\_\_\_\_

27. (a) Has any claim for professional services been made against the Applicant Firm during the past five years?

Yes  No

(b) Is the Applicant Firm aware of any fact, error, omission or circumstance of a type which could give rise to a claim?

Yes  No

**IF THE ANSWER TO QUESTION 21(a) OR 21(b) IS YES, SCHEDULE "B" MUST BE COMPLETED.**

**THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO QUESTION 21 (a) OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN 21 (b) OR CLAIMS RESULTING FROM ANY NEGLIGENT ACT, ERROR, OMISSION OR ANY CIRCUMSTANCE KNOWN TO THE APPLICANT PRIOR TO THE EFFECTIVE DATE OF THE POLICY.**

28. (a) Limit of Liability desired: \$ \_\_\_\_\_

(b) Deductible desired: \$ \_\_\_\_\_

**DECLARATIONS AND SIGNATURE**

29. The undersigned warrants that to the best of their knowledge and belief, the statements set forth herein are true and include all material information.

The undersigned further warrants that if the information supplied on this Application Form changes between the date of this Application Form and the effective date of the policy, if issued, the Insurer will be notified immediately. At the sole discretion of Travelers Guarantee Company of Canada, any outstanding quotations may be modified or withdrawn.

Signing of this Application Form does not bind the applicant to purchase the insurance, but it is agreed that this Application Form, including all attachments, shall be the basis of the contract should a policy be issued, and this Application Form will be attached to and become a part of the policy. The submission of this Application Form does not obligate Travelers Guarantee Company of Canada to issue a policy.

Coverage will not be effective until confirmed by the Insurer or a policy is issued.

**N.B. COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION FORM HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**REMINDER**

**HAVE YOU INCLUDED COPIES OF:**

- YOUR BROCHURE AND PROMOTIONAL LITERATURE?
- YOUR STANDARD WRITTEN CONTRACT OR LETTER OF AGREEMENT?
- RESUMES FOR YOUR PRINCIPALS, PARTNERS AND SENIOR STAFF?