

TOUR OPERATORS/TOUR GUIDES PROPOSAL FOR LIABILITY INSURANCE

(DO NOT LEAVE ANY ANSWERS BLANK - FULL IN "NIL" OR "N/A")

PROPOSER DETAILS

Name of Proposer (in full)..... Social Security No.
BLOCK LETTERS PLEASE

Postal Address

Physical Resident Address

Contact No. (H)..... (O) Cell Fax Email

Name of Employer (in full).....

Type of Business Entity: Company Partnership Sole Proprietorship Charitable Equity
Other (Please specify)

Profession or Occupation Date & Place of Birth
Day/Month/Year

Nationality Dual Citizenship? Yes No If YES, please state

Do you have any other Insurance Policy with this company? Yes No If YES please provide details

Website

Are you a member of the Belize Tourism Industry Association (B.T.I.A)

Yes	No
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1. Total number of Principals and Staff

Annual Wageroll:
Clerical & Non-Manual \$

Tour Guides \$

2. Turnover	Last 12 months	Estimate for next 12 months
	\$	\$
	\$	\$

DETAILS OF COVER

3. Is insurance currently in force?

Yes	No
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If so, please give details of current insurers, renewal date, excesses and limits of indemnity
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.....

Limit of Liability required?
Standard Cover is \$50,000 any one claim in respect of Tour Guide/
\$250,000 any one claim in respect of Tour Operator

OPERATIONS INFORMATION

- 4. Do you require guests to sign a liability waiver?
- 5. Do you require guests to complete a health and physical fitness form?
- 6. Do you have a brochure or web page?
- 7. How many years have you been in business?years
- 8. If you are a new venture, how many years of prior experience?years
- 9. Are any operations conducted outside of Belize?

Yes	No
Yes	No
Yes	No

- 10. Do you hire guides as sub-contractors?
If yes, for what activities?

Yes	No
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- If yes, do you obtain proof of insurance?
- 11. Is your business operational year around?
If no, number of months you are operational?

Yes	No
Yes	No

GUIDE INFORMATION

Name	Age	Years of Experience	First Aid Qualifications

CLAIMS AND COMPLAINTS DETAILS

- 12. Please give details of accidents/claims in the last 5 years

Date	Description of Incident	Amount Paid / Reserved

(a) Approximately how many complaints did you receive last year?

(b) Please give brief details of your procedure to deal with complaints
(Please continue on notes page)

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.....
.....
.....
.....

(c) Are you aware of any circumstances which may result in a claim being made against you?
(Please continue on notes page)

Yes	No
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If YES, please give details

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.....
.....

13. What type of TOURS do you have?

- Fishing Trips Snorkeling Cave Tubing Boat rides Land Tours
 Zip lining Horseback riding Bird Watching Nature Trails Other.....

14. (a) Do you handle Bus tours?

Yes	No
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(b) If Yes, please state average bus size and numbers of tours per annum

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15. (a) Do you handle other group tours?

Yes	No
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(b) If YES, please state average group size and % of turnover

	%
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GROUP ACTIVITIES

16. Describe type of tours conducted

and % of each

Please provide:

1. Specimen brochures and/or booking conditions
 2. A copy of any standard contracts /disclaimers used by you
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DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of this proposal by insurers. If you are in any doubt as to whether a fact is material or not please disclose it)

I understand that signing this proposal does not bind me to complete, or insurers to accept, this insurance.

Proposer's Signature Position in Company

Date Name of Person signing

FOR OFFICE USE ONLY	
Policy No.	Premium.
Customer No.	Remarks:
Excess.	
Agency	

Notes

Question No.	Please use this page for further explanations

**TOUR OPERATOR
LIABILITY
INSURANCE**



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