

TOUR OPERATORS/TOUR GUIDES PROPOSAL FOR LIABILITY INSURANCE

(DO NOT LEAVE ANY ANSWERS BLANK – FILL IN “NIL” OR “N/A”)

In answering the following questions, should you need to expand on any answers, please use a separate page.

ABOUT YOUR BUSINESS

1. Name of Proposer..... License No.....

Please show Company name(s) and trading name(s) if different

Business of Proposer.....

Date of commencement of Business:

Website

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

YES	NO
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2. Principal Address

3. Total number of Principals and Staff

Annual Wageroll:

Clerical & Non-Manual

4. Turnover

	Last 12 months	Estimate for next 12 months
	\$	\$
	\$	\$

DETAILS OF COVER

5. 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

CLAIMS AND COMPLAINTS DETAILS

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

Date	Details	Cost

(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)

(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

7. (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

8. (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

9. Describe type of tours conducted and % of each

10. **Details of Cover:**

Standard Cover \$ 50,000.00 indemnity

Excess \$ 250.00

Please provide:

- Specimen brochures and/or booking conditions
- A copy of any standard contracts /disclaimers used by you

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

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


**TOUR OPERATOR
LIABILITY
INSURANCE**



RF&G INSURANCE COMPANY LTD.

Gordon House

One Coney Drive, P.O. Box 661, Belize City, Belize
Ph#: 501-223-5734 • Fax#: 501-223-6734 • www.rfginsurancebelize.com

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