

Instructions for completing this Supplementary Proposal Form

- 1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
- the entity or entities named in question 1
- the past and/or present employees or principals of the entity or entities; and
- the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured [text box]
2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated [date box]
3. The Insured deals with: (please tick the corresponding box(s):
a) mainly local tours [checkbox]
b) mainly overseas tours [checkbox]
c) combined local / overseas tours [checkbox]
State proportion of local v. foreign tours: [text box] %
d) tours involving a specific mode of transport [checkbox]
e) tours for activities of a hazardous nature [checkbox]
f) specialised tours for schools or any other large organisation or parties [checkbox]
g) tours to specific countries [checkbox]

Please attach full details of the business dealings ticked above; specifically any involvement in tours to North America. [text box]

4. Is the Insured licensed under any government appointed tourism authority? Yes [checkbox] No [checkbox]
a) If Yes, are any special restrictions included under the terms of the licence(s)? Yes [checkbox] No [checkbox]
If Yes, give full details or alternatively provide a copy of the licence(s) held:

[text box]
[text box]

5. Is the Insured a member of any international travel agent or tour operator association? Yes [checkbox] No [checkbox]
If Yes, give full details:

[text box]
[text box]

6. The Insured operates: (please tick the corresponding box(s):
a) solely as an agent for the services provided by travel and tour operators [checkbox]
b) solely as a travel or tour operator [checkbox]
c) in the combined role of travel agent and tour operator [checkbox]

7. Is the Insured responsible for compiling travel brochures and other similar promotional material? Yes [checkbox] No [checkbox]
If Yes, what steps are taken to ensure that travel brochures and other similar promotional material is accurate and up to date?

[text box]
[text box]

8. As an agent can the Insured be held liable under terms of contract for:

- | | | |
|---|------------------------------|-----------------------------|
| a) Deficiencies in the services provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Wrong bookings, over bookings, non-standard tours as requested by clients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Arranged accommodation or transport not meeting the stated standards | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Bankruptcy or default of operators | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes to any, please give full details:

9. Do printed contracts with clients, operators and suppliers contain a waiver of liability clause?

Yes No

If Yes, please attach copies.

10. What percentage of clients are U.S. citizens?

%

11. Please advise

Turnover for the past year:

\$

Estimated turnover* for the forthcoming year:

\$

**Note: Turnover means the total revenue passing through the Agents/Operators control – not solely the commission or profit received.*

Attachments

- If a tour operator, please attach copies of brochures

Declaration

I/We the undersigned duly authorised person(s) declare that:

- i. I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Supplementary Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- ix. except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- x. I/we have read Vero's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- xi. I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of*

Date

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