



# Student Tour Operator Supplemental Questionnaire

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## Student Tour Operators - Supplemental Questionnaire

This is a supplemental questionnaire only. This form is required in addition to the standard application form. If you are a current policyholder, please list your policy number where indicated. Both forms require a signature of a company principal.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Are you an existing Zurich Policyholder?  Yes  No

If Yes:

Policy # EOL \_\_\_\_\_ Renewal Date: \_\_\_\_\_

### 1. General Description

A. What percentage of your company's total volume is derived from tours for **students K - College**? \_\_\_\_\_%

Please list the percentage in each category:

Grade School	_____%
Middle School	_____%
High School	_____%
College	_____%

B. What percentage of your **student tours** falls within each of the following categories (total must equal 100%)?

- \_\_\_\_\_ % Educational Tours
- \_\_\_\_\_ % Festivals / Performance
- \_\_\_\_\_ % Summer / Teen Travel
- \_\_\_\_\_ % Foreign Study Abroad
- \_\_\_\_\_ % Foreign Leisure Travel
- \_\_\_\_\_ % Other (please provide details):

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### C. Destinations - based on gross volume

\_\_\_\_\_ % U.S. and Canada      \_\_\_\_\_ % International

Please enter the % of total gross sales volume that each region represents:

Region	Percentage of Gross Annual Sales
Africa	_____ %
Arctic / Antarctic	_____ %
Asia (other than southeast)	_____ %
Australia / New Zealand	_____ %
Caribbean	_____ %
Central America	_____ %
Europe - Western	_____ %
Europe - Eastern	_____ %
Middle East	_____ %
Mexico	_____ %
South America	_____ %
Southeast Asia	_____ %
Other	_____ %

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

D. List your **most common destinations** for:

Day Trips \_\_\_\_\_

Overnight Trips \_\_\_\_\_

Teen Summer Tours \_\_\_\_\_

Festivals / Performances \_\_\_\_\_

Foreign Study Abroad \_\_\_\_\_

Foreign Leisure \_\_\_\_\_

E. Please provide the following for the last school year:

Length of Tour	#	Average Cost Per Person	Yearly # of students
1 day trips	_____	_____	_____
2 - 5 day trips	_____	_____	_____
6 - 10 day trips	_____	_____	_____
over 10 days	_____	_____	_____

F. Do any of your tours include the following?

Category	No	Yes	% Grade School	% Middle School	% High School	% College
Homestays	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %	_____ %	_____ %
Exchange / Study Abroad Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %	_____ %	_____ %
Language Studies	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %	_____ %	_____ %
Working Holidays (e.g. - internships)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %	_____ %	_____ %
Gap Year	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %	_____ %	_____ %
"Spring Break"/ Grad Trips or similar tours	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %	_____ %	_____ %

**For all "yes" answers, please attach a description.**

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

G.

<b>Annual Totals</b>	<b>K - 12</b>	<b>College-aged</b>
# of Students:	_____	_____
Gross Sales:	_____	_____

**2. Service Contracts**

A. What percentage of your trips / tours is **contracted directly** with the following?

- \_\_\_\_\_ % School administration / teachers (authorized by school administration)
- \_\_\_\_\_ % Sponsors (not authorized by school administration)
- \_\_\_\_\_ % Parents (not authorized by school administration)
- \_\_\_\_\_ % Youth Organizations (Boys Scouts / Girl Scouts, etc.)
- \_\_\_\_\_ % Other \_\_\_\_\_

B. What percentage of the contracts is **signed by the operator and the contracting person / organization?** \_\_\_\_\_ %

C. What percentage of these contracts includes **responsibility / limitation of liability clauses?** \_\_\_\_\_ %

D. What percentage of these contracts includes an **“arbitration” clause?** \_\_\_\_\_ %.

E. **Please provide sample contracts, responsibility / limitation of liability clauses, and arbitration clauses.**

**3. Principals**

A. Please attach a resume for each of your principals that is specific to his / her experience in student travel or tour operations (position, number of years and duties).

B. Please attach resumes of all lead program directors.

**4. Employees**

Are **criminal background checks** conducted on all full or part time employees who would have contact with students? (office/ administrative employees excluded)  Yes  No

If no, please describe your employee selection process (attach a separate sheet, if necessary).

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**5. Chaperones**

A. What percentage of your chaperones are hired or provided by your company? \_\_\_\_\_ %

**Are criminal background checks performed on all of these individuals?**  Yes  No

If yes, by whom? \_\_\_\_\_

If no, please explain. \_\_\_\_\_

B. What percentage of your chaperones are hired or provided by the school or sponsoring organization? \_\_\_\_\_ %

**Please confirm that you receive written verification from the school or sponsoring organization that a criminal background check has been performed on these individuals.**  Yes  No

C. Average adult to student ratio (includes teachers, chaperones, parents, etc.)

for Day trips \_\_\_\_\_ %

for Night trips \_\_\_\_\_ %

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

**6. Independent Contractors: Tour Escorts / Security Guards /Step-on-Guides / Life Guards**

A. Please check which of the following are sub-contracted for any of your tours:

- Security Guards
- Life Guards
- Step-on-Guides
- Tour Escorts / Tour Directors / Tour Managers
- Other \_\_\_\_\_

B. Please describe the process for selecting these individuals.

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C. **For Security Guards and/or Life Guards**, do you require proof of additional insured protection?

- Yes       No

If yes, What is the minimum limit you require? \_\_\_\_\_

D. Do you have **minimum age requirements** for these independent contractors?       Yes     No

If yes, what are they? \_\_\_\_\_

E. Are **criminal background checks** conducted on any of these individuals?     Yes     No

If yes, which ones? \_\_\_\_\_.

By your company?     Yes  No              By the supplier?     Yes     No

If no, what references, if any, do you obtain. Please provide full details and sample documents.

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F. If the supplier conducts the background checks, **are you indemnified by that supplier** (held harmless in your contract with the supplier) and / **or included as an additional insured** on the supplier's liability policy?     Yes     No

If "Yes", please provide a sample agreement.

**7. Release Forms**

A. Are **release forms** signed by the parents of each child participating in the tour?     Yes     No

If yes, **please attach a sample parental release form.**

B. When are they received? Before or after the trip? \_\_\_\_\_

C. How are these forms distributed / collected? \_\_\_\_\_

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Company Name \_\_\_\_\_ City/State \_\_\_\_\_

D. Are they returned to you, the operator?  Yes  No

If yes, how long do you maintain these records? \_\_\_\_\_ If no, who maintains? \_\_\_\_\_

For how long? \_\_\_\_\_ Do you have access to these forms?  Yes  No

E. Is a full description of the itinerary, including all scheduled or optional activities, released to the parents of each child?

If so, please describe the process. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

F. Are **medical forms** completed for: Day trips?  Yes  No Overnight trips?  Yes  No

Do these include a **healthcare proxy**?  Yes  No

**Please attach a sample medical form.**

### 8. Activities

A. Please provide the average percentage of your day trips and overnight trips that would include the following activities.

Activity	% day trips	% overnight trips
Water sports (swimming; boating; snorkeling; scuba diving; etc.)	_____ %	_____ %
Horseback riding	_____ %	_____ %
Hiking	_____ %	_____ %
Biking	_____ %	_____ %
Caving	_____ %	_____ %
Camping (tents or cabins)	_____ %	_____ %
River rafting	_____ %	_____ %
Skiing or snowboarding	_____ %	_____ %
Organized sports (baseball, football, soccer, etc.)	_____ %	_____ %
Any activity requiring equipment?	_____ %	_____ %

B. Do you require the participant to sign an Assumption of Risk / Liability waiver? If yes, please provide a sample.

\_\_\_\_\_  
\_\_\_\_\_

### 9. Equipment

A. Do you supply the tour participants with any equipment?  Yes  No

B. If yes, what type of equipment do you supply? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Is this equipment  Owned / leased by your company?  Rented by your company?

D. Are you responsible for the maintenance / repair of this equipment?  Yes  No

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

**10. Transportation**

A. What percentage of your trips / tours involves motorcoach transportation that is:

- Arranged by the school \_\_\_\_\_%
- Arranged by your company (using subcontractors) \_\_\_\_\_%
- Supplied by your company (using your own vehicles) \_\_\_\_\_%

B. For the transportation services, do you require proof of **additional insured protection** or **written indemnification protection** (hold harmless clause) **from all vendors**?  Yes  No

If yes, please describe your system for collecting this verification and provide samples.

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If no, please explain. \_\_\_\_\_

C. For all international tours, please attach a description of your transportation vendor selection process.

D. What percentage of your trips / tours includes the use of:

- Vans \_\_\_\_\_%
- Jeeps \_\_\_\_\_%

Please describe the circumstances under which you would use either of these vehicles.

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E. Would there be any circumstances under which you, one of your employees, or one of your tour escorts would drive any vehicle that is not owned by you or your company in any tours or trips you arrange?  Yes  No

If yes, please describe circumstances.

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F. **If your employees or tour escorts drive** any participants during the course of the trip / tour,

Do you have a minimum age requirement for the drivers?  Yes  No

If yes, what is it? \_\_\_\_\_

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Do you review a DMV report on each driver?  Yes  No

Do you have a written policy that participants are not permitted to drive the vehicle?  Yes  No

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

G. If you subcontract the transportation services (when not using the school's transportation), do you require that the supplier conduct background (checks DMVs and criminal on all drivers?)

Yes  No

### 11. Crisis Management / Emergency Plans

A. Do you have a written crisis management / emergency plan?  Yes  No

If yes, please attach a copy.

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### 12. Written Code of Conduct

A. Do you have a written "Code of Conduct" / "Rules and Regulations" document that is distributed to both parents and students?

Yes  No

B. If yes, do both parents and students sign?  Yes  No

If no, please explain. \_\_\_\_\_

### 13. Alcohol and Drug Policy

A. Please provide a complete description of your Alcohol and Drug Policy. Are there any circumstances under which your company would knowingly permit a student to drink alcohol? If yes, please explain in full detail.

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B. Are there any circumstances under which alcohol would be provided to any individuals (students or non-students)?  Yes  No  
If yes, please explain in full detail.

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### 14. Written Harassment Policy for Employees / Tour Escorts

(Race, Sexual Orientation, Gender, Age, Handicaps, Religious, etc.)

A. Do you have a written harassment policy for Employees / Tour escorts?  Yes  No

If yes, please attach a copy.

B. Do you conduct periodic retraining?  Yes  No

Company Name \_\_\_\_\_ City/State \_\_\_\_\_



**15. Accommodations**

What percentage of your overnight trips / tours include stays at:

- Hotels \_\_\_\_\_%
- Motels \_\_\_\_\_%
- College campuses \_\_\_\_\_%
- Camp Grounds \_\_\_\_\_%
- Private Homes \_\_\_\_\_%
- Hostels \_\_\_\_\_%
- Other \_\_\_\_\_%

**16. Insurance Disclosures**

Do you ever cite your liability insurance coverage or limits:

- in brochures  Yes  No
- on a Website  Yes  No
- on travel documents  Yes  No
- in a proposal  Yes  No
- anywhere else?  Yes  No

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**17. Supervision**

**A. Day Trips**

In addition to school chaperones / teachers, who else would responsible for the general supervision of students on day trips?

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Do you have authority to remove a student from a trip if she / he is disruptive?  Yes  No

If yes, where and when is this stated?

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**B. Overnight Trips**

In addition to school chaperones / teachers, who else would responsible for the general supervision of students on overnight trips?

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Do you have authority to remove a student from a trip if she / he is disruptive?  Yes  No

If yes, where and when is this stated?

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Company Name \_\_\_\_\_ City/State \_\_\_\_\_

C. Do you arrange for any **additional security** at the hotels?

Yes  No

If yes, what percentage is through:

The hotel / facility \_\_\_\_\_%

Security Firm (subcontracted by you or the hotel) \_\_\_\_\_%

D. Are you provided with **additional insured or indemnification protection from:**

The hotel  Yes  No

The Security Subcontractor  Yes  No

E. If you contract with the Security Firm, please provide a description of your standard operating procedures for the selection of these firms.

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**18. Optional - Abusive Acts Coverage**

Note that the basic policy form excludes claims arising from abusive acts, such as sexual abuse or sexual harassment. You have the option to purchase the Abusive Acts Coverage for an additional premium. This coverage enhancement is only available to qualifying Student Tour Operators. If you wish to be considered for this protection, please check "yes" below. We will advise if you are eligible and what the additional cost will be for your company. Note that the standard limit of liability will be \$1,000,000, with an aggregate limit of \$1,000,000.

This is in addition to the limit on the basic policy form. Higher limits may be available for qualifying companies.

Do you want to receive a quotation for this additional coverage?  Yes  No

**Limit and Deductible Options:**

Please refer to question 12 on page 2 of the main application form. Check the applicable boxes for both the limit and deductible options.

Higher limits (those above \$1,000,000) may not be available to all applicants. Note that the minimum deductible available for student and adventure operators will be \$2,500.

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

## STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all the questions and answers of these applications.

## NOTICE TO APPLICANT - PLEASE READ CAREFULLY

**Your signature and date is required on page 12.**

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the insurer; and received the insurer to the insurer's injury.

Receipt and review of this application does not bind the insurer to provide this insurance.

Signing of this application does not bind the applicant or the insurer.

Inspections and Surveys: We have the right to make inspections and surveys at any time; give you reports on the conditions we find; and recommend changes. We are not obligated to make any inspections, surveys, reports, or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions are safe or healthful; or comply with laws, regulations, codes or standards.

The above applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

This condition does not apply to any inspections, surveys, reports or recommendations we make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance.

Fraud Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

## FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

**KANSAS:** A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_ Date \_\_\_\_\_