



Tour Operator & Meeting Planner Supplemental Questionnaire

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Tour Operators & Meeting Planner 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: _____

Section 1. General Description of Operations

A. Please list the percentage of the applicant's total gross volume derived from:

a. Operation of Tours: _____

b. Meeting Planning: _____

B. Destinations:

What percentage of the applicant's tours/meetings go to the following locations: (total must equal 100%)

Domestic - U.S. and/or Canada _____% International _____%

For domestic tours/meetings, please list the top three destinations:

1. _____

2. _____

3. _____

For international tours/meetings:

Region	Percentage of Gross 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 _____

Country Destinations:

Destination	% of Gross Sales
Haiti	_____ %
Myanmar	_____ %
Colombia	_____ %
Indonesia	_____ %
Israel	_____ %
Peru	_____ %

C. Meeting Planners:

What percentage of the applicant's services is represented by the activities listed below?

- _____ % Booking of Transportation arrangements (air, ground, cruises, transfers)
- _____ % Hotel Bookings
- _____ % Customized Tours/Excursions
- _____ % Destination Management Services
- _____ % Site Selection
- _____ % Consultation Service, Marketing Strategy, Theme Development
- _____ % Wedding, Bar/Bat Mitzvahs, Sweet 16's, etc.
- _____ % Catering, Floral Arrangements, Video & Still Photography
- _____ % Print & Promotional Material
- _____ % Booking of Entertainment
- _____ % Meeting Facilitation
- _____ % Tradeshow Exhibition
- _____ % Special Events (i.e. Golf Outings, Grand Openings, Holiday Parties, Product Launches, etc.)
- _____ % Other _____

Section 2. Transportation

A. Hired / Non-owned Land Transportation

- a) What percentage of the applicant's transportation services are provided by:
 - Owned vehicles? _____ %
 - Non-owned vehicles? _____ %
- b) List percentage of tours / meetings that include Motorcoach transportation:
 - Domestic: _____ %
 - International: _____ %
- c) What is the average seating capacity of the vehicles used to transport your clients:
 - Fewer than 16 _____ 16 or over _____
- d) Check the miles traveled per day for your average tour / excursion:
 - ___ Up to 50 miles ___ Up to 100 miles ___ Up to 200 miles ___ Over 200 miles
- e) What percentage of tours/meetings include transfers (to/from hotels and airport)?
 - Domestic: _____ % International: _____ %

Company Name _____ City/State _____

B. Air and Vessel Charters:

a) Does the applicant ever enter into any charter agreements with any:

Air transportation vendors: Yes No

Cruise / vessel companies: Yes No

If yes, please provide the destinations, a tour description, and a sample charter agreement for each:

b) Does the applicant ever enter into an agreement with a Destination Management Company (in country operator) who would then, in turn, charter an aircraft or vessel?

Yes No

If yes, please attach a copy of your standard DMC agreement.

Section 3. Risk Management

A. Risk Management - General

Please check which of the following loss control / risk management procedures are currently used by the applicant's organization. Attach a sample of each item checked and include a sampling of tour brochures / itineraries.

- Use of Disclaimers/Responsibility Clauses on brochures or travel documents
- Collection of Certificates of Insurance from Vendors
- Emergency Hot-Lines
- Sale of Travel Insurance
- Operations Manual - written procedures
- Loss Control Manual - written procedures
- Continuing Education requirements and/or certification programs
- Use of Preferred Suppliers and percentage of total volume this represents: _____
- Crisis Management Plan

B. Risk Management - Land transportation - Domestic Tours

Please check which of the following risk management procedures are currently used by the applicant's organization for U.S and Canadian destinations:

- Standardized procedures for the collection of certificates of insurance from all land transportation vendors
- Applicant is listed as an Additional Insured on these certificates (attach sample)

Company Name _____ City/State _____

C. Risk Management - Land transportation - International Tours

Please check either yes or no regarding the following risk management procedure:

Applicant has a written, standardized Vendor Selection Process (includes suppliers and/or in-country operators or Destination Management Companies).

- Yes No If yes, please attach a copy of this document.

Regarding your vendor selection process, please check which of the following due diligence procedures are included in this process:

- Supplier was recommended by other known and trusted supplier, industry colleague and/or is recognized by an established travel or tour industry association
- Supplier has been operating for a minimum of 5 years
- Supplier has a proven track record for safety, either incident-free or with no serious or material claims
- Supplier has a written Crisis Management Plan
- Supplier is chosen for its expertise with a reputation for being among the most experienced of local receptive operators
- Supplier is compliant with local insurance and licensing regulations
- Supplier is accessible 24/7 for handling contingencies and emergencies
- Tour Operator and Supplier have a written, signed contract
- Supplier agrees to sign a 'hold harmless' provision with the Tour Operator
- Tour Operator and Supplier perform periodic quality review programs
- Tour Operator has written, minimum service standards with the Supplier
- Tour Managers (employees of Tour Operator) accompany most excursions
- Supplier has standard procedures in place for addressing Customer Service complaints
- Supplier can produce favorable credit references and financial statements

Please describe any other risk management procedures not listed in the above:

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 7.

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 _____

