

Tour Operator And 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/Applicant Name:	
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Policy # (if applicable):	Renewal Date:
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A. Tour Categories

Based on your current product offerings, list the percentage of total gross volume for each tour category that best represents your operations and the annual number of travelers for each tour category.

Type of Tour	% of Annual Sales Volume	Number of Travelers Per Year
Standard – Sightseeing-Cultural-Historical (non-student or youth)		
Urban Walking Tours		
Food and/or Beverage Tours		
Volunteer or Service (non-student or youth)		
Receptive Tour Operator/Destination Management		
Meeting Planning/Incentive Travel		
Student Tours/Youth Tours		
General Adventure Tours		
Safari Tours		
Eco or Nature Tours		
Bicycle Tours		
Walking / Hiking Tours		
Mountain Trekking Tours		
Ski/Snowboard Tours		
SCUBA Tours		
Sports/Athletics/Fitness Tours		
Motorcycle Tours		
Other (Please attach separate sheet, if necessary.)		

B. Activities Included:

For any activity you arrange or book, or for any tour you conduct or event that is held list the percentage of total tour days that include each activity and the annual number of participants.

Activity	% of Tour Days	Number of Participants Per Year
Bungee Jumping		
Canyon or Caving		
Canoeing or Kayaking		
Canopy / Ziplining		
Flyboarding		
Hang Gliding/Paragliding/Parasailing		
Helicopter Rides		
Heli – Skiing/Boarding		
Horseback Riding		
Hot-air Ballooning		
Hunting / Shooting/Fishing		
Jet Skiing / Jet Boating		
Motorcycle/ATV/Dune Buggy Riding		
Mountain Climbing -Technical		
Mountain Trekking		
Power Tool/Heavy Machinery Use		
Rock/Ice Climbing		
SCUBA Diving		
Skiing/Snowboarding		
Sky Diving – BASE Jumping		
Snowmobiling		
Water Skiing		
White Water Rafting		
Other (Please attach separate sheet, if necessary.)		

C. Complete this section C., only if you are a Meeting Planner, Destination Management Company or Receptive Tour Operator Services Included:

What percentage of operations does each service represent?

Activity	% of Operations
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	
Tradeshaw Exhibition	
Special Events (i.e. Golf Outings, Grand Openings, Holiday Parties, Product Launches, etc.)	
Other (Please attach separate sheet, if necessary.)	

D. Trips, Tours, or Meetings:

Please complete the following table:

Length of tours/meetings	# of trips/meetings per year	# of participants per year	Avg. Cost/Participant
1 day			
2 - 5 days			
6 - 10 days			
Over 10 days			

E. Destinations – Based on Gross Sales

Where applicable, please enter the percentage of total gross sales volume that each region represents:

Region	% of Total Annual Sales (Must Equal 100%)
Africa	%
Arctic / Antarctic	%
Asia	%
Australia / New Zealand/S. Pacific	%
Canada	%
Caribbean	%
Central America/South America	%
Europe - Western	%
Europe - Eastern	%
Middle East	%
Mexico	%
United States of America	%
Other, please indicate:	%

F. Air Transportation

1. Please enter the percentage of air arrangements that are chartered (as opposed to regularly scheduled air travel):

Domestic charters (U.S. or Canada)	%
International charters	%
Percentage of International charters that are arranged by your company?	%
Percentage of International charters that are arranged by the in-country operators (Destination Management Company)?	%

2. For all chartered aircraft does your company secure Additional Insured Status on the aviation vendor's insurance policy? Yes No

G. Land Transportation

1. Please enter the percentage of land transportation services that are:

Owned Vehicles	%
Non-owned Vehicles	%
For the use of non-owned vehicles, what is the percentage:	
Arranged by your company directly	%
Arranged by your in-country operator (Destination Management Company)	%

2. Does your company rent vehicles to transport passengers? Yes No

If yes, please provide the frequency per (check one): Day Week Month or Year

3. Does your company utilize ride share companies (Uber, Lyft, etc.) to transport passengers? Yes No

If yes, please provide the frequency per (check one): Day Week Month or Year

4. Does your company permit your employees, tour guides or escorts to drive any participants during the course of the trip/tour? Yes No N/A

If yes, at what frequency do you secure DMV reports on each driver? Semi-Annually Annually Never Other
Do you have a minimum age for the drivers? Yes Minimum Age: No N/A

5. For motor coaches, buses or vans chartered by your company, does your company secure Additional Insured Status on their insurance policy? Yes No N/A

H. Chartered Vessels (list N/A if you don't offer the service)

1. Please provide the percentage of vessel charters arranged by:

Your company directly	%
Your in-country operator (Destination Management Company)	%

2. For vessels chartered by your company, does your company secure Additional Insured Status on their insurance policy? Yes No N/A

L. Tour Escorts / Security Guards /Step-on-Guides / Life Guards

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

Security Guards	<input type="checkbox"/>
Life Guards	<input type="checkbox"/>
Step-on-Guides	<input type="checkbox"/>
Tour Escorts / Tour Directors / Tour Managers	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2. Please describe your process for selecting these subcontracted individuals.

M. Abusive Acts Coverage

The basic policy form excludes claims arising from abusive acts, such as sexual abuse or molestation. This coverage is available to qualifying Student Tour Operators. The provision of a quotation and availability of coverage is subject to underwriting review and approval. If purchased, the Sexual Abuse or Molestation Coverage limit will be in addition to the basic policy limits/aggregate.

Does the applicant desire a quote for Optional Abusive Acts Coverage for Student Tour Operators Yes No
If Yes, an Abuse and Molestation Supplemental Questionnaire must be completed.

N. Risk Management Procedures – General

Check Yes, No or N/A to indicate which of the following loss control/risk management procedures are currently used by the applicant.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A formalized vendor Selection Process
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Vendor Agreements that Contain Indemnification Provisions in Favor of the Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Certificates of Insurance Obtained from All Vendors On An Annual Basis
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Certificates of Insurance Obtained Containing Additional Insured Status From All Transportation Vendors
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Certificates of Insurance Obtained Containing Additional Insured Status From All Vendors Other Than Transportation Vendors
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A Formalized Crisis Management Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Emergency Hotlines Established

Adventure Tour Operators Only (Please Complete):

Check Yes or No to indicate which of the following loss control/risk management procedures are currently used by the applicant

<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Forms with Proxy
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assumption of Risk/Liability Waiver Form
<input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum Age Requirements for Participants Established

Student Tour Operators Only (Please Complete):

Check Yes or No, and if any of the requirements, services, activities or procedures below are fulfilled by the school, sponsoring group or entity, please designate what party performs this requirement, service, activity

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Parental Release Form Maintained For At Least five (5) Years. If school maintains, have you confirmed that form will be retained for a period of not less than 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Medical Forms with Proxy For Overnight Stays
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Code of Conduct Utilized With Ejection Disclosures
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Harassment Policy Utilized
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Formalized Alcohol/Drug Use Policy
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Criminal Background Checks on All Employees
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Client	Criminal Background Checks on Guides, Escorts, Chaperones Hired by Company

Please feel free to elaborate or explain any responses to the above risk management criteria:

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE FIRM APPLYING FOR COVERAGE

Signature of Owner, Partner or Senior Officer _____	Title _____	Date ____/____/____
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