



Renewal Questionnaire

Insured:	
Policy #TAP	Renewal Date:

1a. Has there been a change of ownership, management, operations and/or name or address change during the last 12 months? Yes No

1b. *If yes, please provide a detailed description of these changes below.*

2a. Does the applicant operate, package or private label any of their own tours and/or is a meeting planner? Yes No

2b. *If yes, what percentage of gross sales is attributable to the operating, packaging or private labeling of tours and/or meeting planning* _____ %

3a. Does the applicant sell travel to customers residing outside of the United States? Yes No

3b. *If yes, please provide the percentage of customers residing in European Countries and the U.K.* _____ %

4. Does the applicant offer Travel Insurance? Yes No

5. Total number of individuals selling or making travel arrangements on behalf of the insured: _____

6a. Has there been a change in the applicant's association/affiliation or host agency? Yes No

6b. *If yes, please note here:* _____

7. Total Gross Sales Volume (not revenue, commissions, fees or profit) for the prior 12 months. \$ _____
 Total Gross Sales Volume anticipated for the next 12-month period beginning on the effective date of the renewal. \$ _____

Name of Insured's principal or president (please print): _____

Signature: _____

Email: _____ Phone: _____

For more information, contact:

1.800.803.1213 | fax 516.294.1821 | travpro@aon.com | AonTravPro.com

Aon Travel Professionals Liability Insurance | 900 Stewart Avenue, Garden City, NY 11530



Tour Operator And Meeting Planner Supplemental Renewal Questionnaire

*This is a supplemental questionnaire only. This form is required in addition to the standard renewal questionnaire.
Both forms require a signature of a company principal.*

Insured:

Policy #: _____ **Renewal Date:** _____

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.

Please select from the following types of tours: 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.)

Type of Tour	% of Annual Sales Volume	Number of Travelers Per Year

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		

Activity	% of Tour Days	Number of Participants Per Year
Hot-air Ballooning		
Hunting / Shooting / Fishing		
Jet Skiing / Jet Boating		
Motorcycle / ATV / Dune Buggy Riding		
Mountain Climbing -Technical		
Mountain Trekking		
Power Tools / 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:

1. Do you plan any Weddings, Bar/Bat Mitzvahs, Sweet 16s, or other personal parties or receptions?..... Yes No
2. If yes, please provide the percentage of your operations that consist of those activities _____%

D. Trips, Tours, or Meetings:

Please complete the following table

Length of tours/meetings	Number of trips/ meetings per year	Number 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 (must equal 100%):

United States and Canada _____%

Western Europe, Australia, New Zealand, Caribbean _____%

All other destinations _____%

F. Air Transportation

1. Does your company utilize any chartered aircraft, whether direct or through a DMC? Yes No
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. Does your company rent vehicles to transport passengers? Yes No
 If yes, please provide the frequency ____ per (check one): Day Week Month or Year
2. 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
3. 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
4. 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. Does your company charter vessels, whether direct or through a DMC? Yes No
2. For chartered vessels, does your company secure Additional Insured Status on the vessel vendor's insurance policy? Yes No

Complete Sections I. and J. only if **25% or more of your sales** are derived from Student/Youth Tour Operations:

I. Student/Youth Tour Operators

1. What percentage of your company's total gross annual sales volume is derived from tours for K-College students? ____%
2. Please list the percentage of student tours in each category:
 K-12: ____% College: ____%
3. What percentage of your student tours fall 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):	%

4. Do any of your tours include the following?
 - a. Homestays Yes No
 If yes, list % of Tours with Homestays: ____% and list total # of Participants in Homestays: _____
 - b. Working Holidays/Job Placement/Internships Yes No
 If yes, list % of Tours: _____
 - c. Spring Break/Graduation Trips Yes No
 If yes, list % of Tours: _____

J. Chaperones - Students

1. Please provide the annual number of student participants in the following categories
 K-12: _____ College: _____ Total Number of Students: _____
 2. What percentage of chaperones are hired or provided by your Company? ____%
 3. What percentage of chaperones are retained by the School or Sponsoring Organization? ____%
- Please provide the average chaperone to student ratio for your: Day Trips: _____ Overnight Trips _____

K. 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

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

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

- Medical Forms with Proxy Yes No
- Assumption of Risk/Liability Waiver Form Yes No
- Minimum Age Requirements for Participants Established Yes No

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.

- 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? Yes No School Client
- Medical Forms with Proxy For Overnight Stays Yes No School Client
- Code of Conduct Utilized With Ejection Disclosures Yes No School Client
- Harassment Policy Utilized Yes No School Client
- Formalized Alcohol/Drug Use Policy Yes No School Client
- Criminal Background Checks on All Employees Yes No School Client
- Criminal Background Checks on Guides, Escorts, Chaperones Hired by Company Yes No School Client

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

TITLE

DATE

For more information, contact:

1.800.803.1213 | fax 516.294.1821 | travpro@aon.com | AonTravPro.com

Aon Travel Professionals Liability Insurance | 900 Stewart Avenue, Garden City, NY 11530