

Short Enquiry Form

Dynamic Packaging ..Organisers liability

Standard Limits: Public Liability €3,000,000 -Excess €500 per person €1,500 in aggregate
 Professional Indemnity €350,000-Excess €350 person €1,500 in aggregate
NB Higher Limits available on request

1. Name of the Proposer (Incl. Associated/Subsidiary Companies and Trading Names)

2. Principal Address Phone Number Web Address:

N.B If not available on WEB please forward Specimen Brochures for Dynamic Packaging /Tour Organising activities including booking conditions

3. Full Business Description & Nature of Holidays Provided:

4. Year Established:

5. Address of all other offices in full:

6. Turnover and Passenger Figures

	<u>Last 12 months</u>		<u>Next 12 Months</u>	
	Turnover	Passenger No's	Turnover	Passenger No's
Dynamic Packaging*				

***Dynamic Packaging /Tours:** Where you put 2 or more parts of a customer's trip together ie you book flight and bed bank / hotel separately and sell to client

Of the above what percentage is

- Where you advertise the self packaged trip _____ %
- Incidental Packages where you put together on request _____ %

	<u>Last 12 months</u>		<u>Next 12 Months</u>	
	Turnover	Passenger No's	Turnover	Passenger No's
Flight Only				
Accommodation Only				

Travel Agent Only Business

	<u>Last 12 months</u>		<u>Next 12 Months</u>	
	Turnover	Passenger No's	Turnover	Passenger No's
Travel Agent Only				

7. Suppliers: Do you have the following in place with your suppliers (please circle)

	Contracts		Indemnities		Copy of their Insurance details	
Bed Banks	Yes	No	Yes	No	Yes	No
Hotels	Yes	No	Yes	No	Yes	No
Transfer companies	Yes	No	Yes	No	Yes	No
Activity suppliers	Yes	No	Yes	No	Yes	No

8. Turnover split within: Europe ____% USA ____% Rest of the World ____%

Turnover split : Group/ Incentive Travel ____% Activity Holidays ____%
 Conference Organising ____%

Please list activities offered and % of turnover per activity: _____

9. Do you require Employers Liability Insurance: Yes No
 If yes please advise:

- Wage roll for staff undertaking clerical work: _____
- Wageroll for staff who work outside the Rep of Ireland _____
- Do any staff carry out Manual work Yes No

10. Name your existing insurer:.....

11. Are there any claims made against you in the last 5 years YES NO

If 'YES', please provide Separate details.

12. Are there any unreported Incidences that may give rise to a claim YES NO

If 'YES', please provide Separate details.

Signed :

Position:

Date: