



# Travel Insurance Proposal Form

## **Ski Tour Operators**

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# Travel Insurance Proposal Form

## **Ski Tour Operators New Business**

Please print this document. It is a 'PDF' and you will need 'Adobe Acrobat Reader' in order to print. Please refer back to the website to download a free version of the reader.

Please complete the form as fully as possible and return it with the other documents requested to MPI Brokers.

In answering the following questions, should you need to expand on any answers please use the notes page at the back.

1	Company Name	
2	Address	
	Tel. no.	
	Fax no.	
	Email	
	Contact Name	
	Position	
3	Trading Name	
4	Brochure Title(s)	

5 Number of passengers carried

This season	Est. next season

6 Number of passengers insured under your Scheme

This season	Est. next season

7 Holiday costs per person for the current season

Average	Maximum
£	£

8 Estimated increase/decrease of holiday costs next season

%
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9 Please show your current cancellation scale

Days/Weeks	% of Holiday Cost

Will this be the same scale next season?

Yes / No
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10 What is your deposit per person?

£
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Please answer Questions 11-16 as a percentage of your carryings

11 Please tell us where your customers go

Destination	%
Switzerland	
France	
Austria	
Italy	
USA/Canada	
Other (list on notes page)	

12 Please show the method of travel

Method	%
Flight	
Self Drive	
Coach	
Rail	
Other (list on notes page)	

13 Please tell us which countries your customers come from

Country of Domicile	%
UK	
Ireland	
EU	
Other (list on notes page)	

14 Please identify the accommodation type

Accommodation	%
Hotel	
Chalet	
Apartment	
Other (list on notes page)	

15 Please show your customers age profile

Age Profile	%
Under 18's	
18 - 30	
30 - 50	
50 - 65	
Over 65	

16 Please show your customers travel pattern

Days	%

17 Are you planning any changes to your Program next year e.g. new resorts or deletions?

Changes
Yes / No (If yes please give details)

18 Please show the method of selling insurance  
We will discuss with you the various options available as described on our website

Optional	Opt Out	Inclusive

19 Please show the percentage of holidays sold through travel agents

20 We will make recommendations for improving your current travel insurance arrangement, if appropriate. However, are there any particular items of cover or service you would like us to consider particularly where you may have had cause for concern in the past

Cover
Service

21 Please show the date you would like to receive our presentation/quote and other deadlines (Not ASAP)

Quote required by

Renewal date

Brochure copy date

Date you would expect to collect the first premium or have already collected

22 The period of contract

The contract period can be constructed in two ways

- i) Based on the travel date (although the premium will still be due the month after collection by you) or
- ii)
- iii) Based on the date of booking or payment of the insurance premium whichever is the later

Please circle which of the above methods you wish to adopt

Note: Item (i) is the usual method for tour operators. Should neither of the above suit your method of doing business please discuss this with a representative of the brokers.

23 Current Broker and Insurer

Please show the name and address of your current broker and contact name

Name:
Address:

Please show the name of your current insurer

Name:
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How many years have you placed business with this broker?

Years:
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24 Do you hold a policy for crisis management Insurance?

Yes / No

26 Please advise sums insured required for each section and excesses  
Please call 01428 664265 for further assistance

## Declaration

I understand this is a request in the form of a proposal to provide us with a quotation for our customers travel insurance.

I agree to provide any further information requested.

I accept that if an indication is provided that this will be subject to further information or to underwriter's agreement which is not binding until we receive a quotation from you in writing.

The information supplied in this proposal form is to the best of my knowledge true and accurate and I am aware it will be shown to underwriters to form their judgment in setting premium for our customers travel insurance and it will be a binding part of our contract.

I have not withheld any material facts (a material fact is one which may affect underwriter's assessment of the risk and/or setting of rates. If you are in any doubt as to whether a fact is material or not it must be declared on this form).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Have you completed the notes page for further explanation? Yes / No

## Additional Information

Please supply the following:

- 1) Three copies of your current brochure(s)
- 2) Current policy wording
- 3) Current rates and periods
- 4) A letter of Authority on your company headed paper and we recommend the following words:-

Dear Mr. Pettifer / Michael

We hereby request MPI Brokers to provide terms for our various insurance arrangements, and if acceptable, we will appoint your company as our brokers.

Please accept this letter as authority to approach our current broker, and previous brokers if appropriate, or insurers to obtain claims and premium information.

We look forward to your early reply.

Yours sincerely

