

EXCURSION OPERATOR APPLICATION FORM

When completing this Application Form...

- Please answer all questions giving full and complete answers

It is the duty of the Applicant to provide all information that is requested in the application form as well as to add additional material facts.

A material fact is such known fact and/or circumstance that may influence the Insurer in the evaluation of the risk. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.

- If the space provided on the Application Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The Application Form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting professional indemnity insurance for the firm who acts as a Applicant.

This Application Form does **NOT BIND** the Applicant to complete the insurance but will form part of any subsequent insurance contract to which this Application relates.

EXCURSION OPERATOR APPLICATION FORM

GENERAL APPLICANT INFORMATION

Company(ies) Name		Date:	
Web site:			
Tax ID (RFC):			
Fiscal Address:			
Risk Address if other than above:			

OPERATION INFORMATION

What percentage (%) of your business comes from:	Hotels:	
	Cruise Lines:	
	Others:	
What percentage (%) of your guest come from:	US Nationals	
	European	
	Other:	
Average price of your Excursion /Tours:		

What countries do you operate in?

If the company (ies) Operate in more than one Country, please indicate each country and the percentage it represents in your annual income.

CURRENT POLICY INFORMATION

Do you currently have an Excursion Operator's Liability Policy? If yes, please complete the following:

Coverage Section

General	indicate yes or no	
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Liability	Expiration date:	
	Expiring Premium:	
	Insurance Company	
	Limit of Liability	USD
	Deductible	USD
Automobile Liability:	indicate yes or no	
	Expiration date:	
	Expiring Premium:	
	Insurance Company	
	Limit of Liability	
Watercraft Liability	indicate yes or no	
	Expiration date:	
	Expiring Premium:	
	Insurance Company	
	Limit of Liability	USD
	Deductible	USD
Please provide detail of your current local policies		
General Liability	indicate yes or no	No
	Expiration date:	
	Expiring Premium:	
	Insurance Company	
	Limit of Liability	USD
	Deductible	USD
Automobile Liability:	indicate yes or no	
	Expiration date:	
	Expiring Premium:	
	Insurance Company	
	Limit of Liability	
	Deductible	
Watercraft Liability	indicate yes or no	
	Expiration date:	
	Expiring Premium:	
	Insurance Company	
	Limit of Liability	
	Deductible	
Claims History (last 5 years) if need more space attach a separate spread sheet.		
Loss date	Details of Loss	Amount paid

Safety & Loss Control Procedures			
EMPLOYEES:			
	Yes	No	
Are employees Qualification requirements in place?			
Are employees background checks completed			
Is there an employee training program			
Are employees fully trained on the safety and use of all equipment:			
Are employees fully trained to handle a participant's injury and/or medical emergency:			
EXCURSION / TOUR PARTICIPANS:			
	Yes	No	N/A
Are all participants instructed on the proper use of equipment?			
Are qualification requirements enforced for the participation of certain activities?			
Are participants of hazardous activities made aware of the risk they are taking:			
Do participants sign Waivers and/or Hold Harmless Release(s):			
ATTACH A COPY OF THE WAIVER/ RELEASE YOU USED FOR EVERY EXCURSION / TOUR			
EQUIPMENT:			
	Yes	No	N/A
Are manufactures recommendations / instructions on proper use of equipment followed?			
Are manufactures recommendations / instructions on proper maintenance of equipment followed?			
FOOD / LIQUOR – Please indicate if you serve or offer any food, beverage or liquor during your excursions and/or tours.			
FOOD / BEVERAGES	None		

		Participants bring their own:		
		Included		
		Sold separately		
If included or sold, who is responsible for preparing the food:				
Does your local insurance policy provide coverage for serving or selling food	Yes	No	Do not know	
ALCOHOL:		None		
		Participants bring their own:		
		Included		
		Sold separately		
If you sell alcohol indicate what type:	Beer	Wine	Wine Coolers	Mixed Drinks
At what point of the excursion / tour do you sell alcohol:	Before	During	After	
		Yes	No	N/A
Do employees monitor the consumption of alcohol by participants:				
Do employees check the persons identification before they serve or sell alcohol beverages:				
Is there a limit placed on the quantity of alcoholic beverages served and/or sold per person:				
Are rules and regulations concerning alcohol consumption clearly displayed for participants viewing:				
Does your local insurance policy provide coverage serving or selling alcoholic beverages?	Yes	No	Don't know	
Subcontractors – If applicable				
		Yes	No	
Do you have qualification requirements in place for the use of sub-contractors?				
Are background checks completed on sub-contractors before using their services:				

Do you verify sub-contractor's insurance coverage?			
Do you require a certificate of insurance naming you as an additional insured on sub-contractor's policy?			
Do you verify sub-contractor's insurance is renewed on a yearly basis along with copy of certificate?			
PLEASE ATTACH COPY OF CERTIFICATE (S) OF INSURANCE OBTAINED FROM EACH SUB-CONTRACTOR**			
EXCURSION INFORMATION			
Aerial Tram	%		Nature Tours %
Aqua Trampolines	%		Party Cruises %
ATV's	%		Pirate Ship Tours %
Banana Boats	%		Rafting %
Beach Equipment Rental	%		Rock Wall Climbing %
Beach Tours	%		Sailing %
Biking	%		Scooters %
Bird Watching	%		Segway %
Boat Rentals (Motorized)	%		Sightseeing Tours - Land %
Bobsled	%		Sightseeing Tours - Water %
Camel Rides	%		Snorkeling %
Canopy & Zipline	%		Snuba %
Carriage Rides	%		Spearfishing %
Cave/ River Tubing	%		Surfing / Paddleboarding %
Culinary Tours	%		Swim with Dolphins / Stingrays %
Cultural / Historical Tours	%		Train Tours %
Deep Sea Fishing	%		Transportation/ Transfers by Automobile %
Duck Tours	%		Transportation/ Transfers by Watercraft %
Dune Buggies	%		Trolley Rides %
Golfing	%		Walking Tours %
Hiking	%		Water Park %
Horseback Riding	%		Waterskiing / Wake Boarding %
Jeep / Rhino	%		Zorbing %
Kayaking /	%		Other (specify):

Canoeing				
Lift Chair	%			
Mini-Submarines	%			
Museum Tours	%			
TOTAL% OF GROSS SALES ABOVE% MUST ADD UP TO 100 %				
PLEASE ATTACH BROCHURE, IF ANY				
Do you subcontract any of the activities noted above?			YES	NO
If yes, please provide the following information:				
Activity:			%	
Activity:			%	
Activity:				
Activity:			%	
Activity:			%	
COMMENTS:				
CONTINGENT GENERAL LIABILITY				
	USD 1,000,000	USD 2,000,000	USD 5,000,000	
What Limit do you need				
Total Gross Receipts/Sales for the last 12 months		USD		
Total Gross Receipts/Sales estimated for the next 12 months		USD		
Total Participants in the last 12 months				
Estimated of participants for the next 12 months				
If food, beverage and/or liquor is served as part of the excursion/tour or sold separately, please indicate what is included and gross receipts/sales				
CONTINGENT AUTOMOBILE LIABILITY				
	USD 1,000,000	USD 2,000,000	USD 5,000,000	
What Limit do you need				
Automobiles are owned or non-owned?				

Number of People transported annually:	
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Details of Automobile(s) used. (use a separate sheet if necessary)					
TYPE	# OF UNITS	YEAR	MAKE AND MODEL	AVG MILES DAILY	PASSANGER CAPACITY

CONTINGENT WATERCRAFT LIABILITY			
	USD 1,000,000	USD 2,000,000	USD 5,000,000
What Limit do you need			
Watercraft are owned or non-owned?			
Number of People transported annually:			

Details of Watercraft(s) used. (use a separate sheet if necessary)						
TYPE	# OF UNITS	YEAR	MAKE AND MODEL	Length	AVG DAILY	PASSANGER CAPACITY

LIST ALL THE ADDITIONAL ASSURED(S) THAT HAVE TO BE INCLUDED IN THE POLICY	
COMPANY NAME	ADDRESS

SIGNING THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THIS INSURANCE

We declare that the statement and particulars in this Application Form are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this Application and the inception date of the insurance to which this application relates, we will give immediate notice thereof. We agree that this Application, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY A PERSON AUTHORISED BY THE FIRM

SIGNATURE		DATE	
NAME			
POSITION			

Anglo Mexican Marine Insurance Services, Agente de Seguros y Fianzas, S.A. de C.V. recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)