



Travel Agents Supplementary Questionnaire

NB The Insured must complete this questionnaire in addition to AIG' Miscellaneous PI Proposal

A) Proposer Details

1. Practice Title(s) (including service companies) _____

2. Principal address, including post code _____

B) Additional Questions – General

1) Destination of Tours

a) Which Countries destination countries does the Insured arrange Travel/Tours for Customers?

<u>Destination</u>	<u>% Of Worksplit / Income</u>
PRC%
Other South East Asia (Please Specify)%
.....
USA/Can%
Europe%
South America%
Other (Please Specify)%
.....

2) Type of Tours

a) What type of holidays does the Insured arrange for customers?

<u>Type of Tours</u>	<u>% Of Worksplit / Income</u>
Beach Holidays%
City Breaks%
Wintersport Holidays (incl. Ski and Snowboard)%

Safari%
Trekking%
Sky Diving%
Scuba Diving%
Para-Gliding%
Mountain Biking%
Other Adventure Holiday (Please Specify)%
Other types of Holiday (Please Specify)%

3) Nationality of Customers?

a) What Nationality are the Insured's Customers?

<u>Nationality</u>	<u>% Of Worksplrit / Income</u>
HK/PRC%
Other South East Asia (Please Specify)%
.....	
USA/Can%
European%
Other (Please Specify)%
.....	

C) Questions For Contingent BI/PD Extension Coverage

NB For AIU to consider providing Contingent BI/PD coverage the Insured must answer ALL of the below questions

1) Sub-Contractors

a) What procedures and selection criteria does the client have in place when organising tours especially when selecting the appropriateness of Sub-contractors? (Please Provide FULL details)

.....

- b) Does the Insured scrutinise all Sub-Contractors safety records and only select services of firms with no incidence of accident or circumstances relating to Bodily Injury or Property Damage type claims?
.....
- c) Does the Insured receive written confirmation that ALL Sub-Contractors adequately maintain equipment, vehicles, premises and fixed assets used in conjunction with the tour?
.....
- d) Does the Insured only use Sub-Contractors that purchase Public Liability Insurance and /or Motor Insurance that includes coverage for Third Party Property Damage and Bodily Injury Cover?
.....
- e) What % of total Income does Sub-Contracted Work represent of the Insured's total Turnover/Income?
.....

2) Standard Contract Condition Review

Please provide a copy of Standard Contract Conditions

- a) Does the Insured limit liability to a monetary equivalent or otherwise?
(Please specify below)
.....
.....
- b) Does the Insured exclude all consequential and indirect losses in all contracts?
.....
- c) How else does the Insured limit liability in contracts?
(Please specify below)
.....
.....

3) Subrogation

- a) Please confirm that the Insured does not waive ANY subrogation rights to any Sub-Contractor or Third Party under Contract?
.....

Declaration

For and on behalf of the Practice: _____

Signature of Partner(s) _____

Please print Partner's name _____

Date

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