

Liability: Adventure Operators Liability Proposal Form

Insured details

Company name:

Trading as:

Type of business: Registration:

VAT number:

Full business description:
(including company operations and activities)

Have you previously traded under a different name? Yes: No:

If yes, specify name:

Contact details

Telephone: Cellphone:

Email: Website:

Physical address

Street name and number: City / town:

Province: Area code:

Postal address

P.O. Box number: City / town:

Province: Area code:

Additional information

Brokerage: Broker name:

Insurer information

Previous / current: Policy number:

Has an insurer at any time, in respect of the company, it's Directors / Partners / Principle:

Declined your insurances? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

Voided your policy? Yes: No:

If yes, why and who?

Quote to be placed on cover, details to be completed by Client

Quote number: Inception date:

Quote number: Inception date:

Initial

Details of loss / damage in the past 3 years

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Establishment date: Proposer manager of business? Yes: No:

Any changes in Proposers operation in last 12 months? Yes: No:

If yes, give details:

Membership association affiliation:

Association number:

Coverage information

Limits of Liability – Policy includes 1,000,000.00/1,000,000.00 Occurrence/Aggregate Optional Liability Limits: Increased or Decreased Limits Available:

R 2 500 000: R 5 000 000: R 10 000 000:

R 20 000 000: R 25 000 000: Other:

Initial

Coverage Requirements (Please complete the information requirements as listed in the table below):

Cover:	Limit of indemnity:
Public liability:	
Products liability / defective workmanship:	
Jurisdiction extension EEC:	
Statutory legal defence costs:	
Emergency medical expenses:	
Claims mitigation costs:	

Activities liability information

Please indicate your activities:

Activity:	Total people:	Trip days:	Gross revenue split:	Activity:	Total people:	Trip days:	Gross revenue split:
4X4 tours				Kitesurfing			
Abseiling				Motorcycle tours (own driver)			
Acro branch				Paragliding			
Aerial boardwalk				Pony trekking			
Aerial cable tour				Quad biking			
Archery				River rafting			
Beach horseriding				Rock climbing			
Big swing				Sailing (marine / inland)			
Blokart / land sailing				Sandboarding			
Boat trips (marine / inland)				Scootours			
Bouldering				Scuba diving			
Bridge walking				Sea kayaking			
Bungee jumping				Seal snorkling			
Cable skiing				Seal trips			
Camel rides				Segway tours			
Canoeing				Sharkcage diving			
Canopy tour				Shooting			
Caving				Sidecar tours			
Clay pigeon shooting				Snow skiing			
Coasteering				Surfing			
Cycle tours				Tiger fishing			
Deep sea fishing				Tobogganing			
Dragon boat racing				Tubing			
Elephant back safari's				Turtle tracking			
Fishing				Walking safari's			
Gravel karts				Whale watching			
Hand gliding				Whale watching trips			
Horse safari's				White water kayaking			
Houseboat charters				Windsurfing			
Kayaking				Zip line			
Kloofing				Zorbing			
Kiteboarding							

Initial

Geographical locations

Please fill out all the details for all additional branches or select none:

None:

Branch name:	Branch manager:	Activities offered at branch	Total area (km ²)	Start GPS co-ordinates	End GPS co-ordinates

Is alcohol served at any of the premises? Yes: No:

If yes, name the branches:

Is there any weather warning and check systems in place for activities (marine / inland) Yes: No:

If yes, give details:

Safety procedures

Please list all guides:

Branch name:	Certification / qualification and experience:	Position:	First aid qualification?

Explain how Guide’s certifications, qualifications and / or experience is verified:

What procedures are followed for keeping equipment in good condition? (With special consideration to recommendations direct from manufacturer)

What procedures are used to verify fitness, medical soundness and ability of each and every participant?

What procedures are followed to inform clients about the risks of different activities and the appropriate safety equipment?

Please supply emergency evacuation plans for all locations and activities, please also supply a list of emergency supplies that are taken to the different activities. For all activities please supply a list of equipment used.

Please supply the indemnity form used and signed by each participant for the different types of activities.

Declaration

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

Full name	Capacity	Date	Signature
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This form is to be completed in conjunction with the Guide Information Questionnaire.

Insurance Declaration

Currently insured? Yes: No:

If yes, name of Insurer? Policy number:

Has an Insurer at any time:

Declined your insurance? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

If yes, name of Insurer? Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

Full name	Capacity	Date	Signature
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Debit Order Authority

Account holder full name:

Name of bank: Account type:

Branch code: Name of branch:

Account number: Payment date: 1st: 7th: 15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

- That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
- To pay any bank charges relating to this debit order instruction.
- Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
- This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
- To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
- The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name	Capacity	Date	Signature
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