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Part A – Insured Details

1. Insured Entities	Date Incorporated	ABN

2. Are you a current member of any travel agent or tour operator professional bodies or associations?

No ☐ Yes ☐ If Yes, please advise:

3. Do you hold a license from a government-appointed tourism authority?

No ☐ Yes ☐ If Yes, please advise any special restrictions include within the terms:

4. Please provide the percentage (%) split of revenue for the following:

As a Travel or Tour Operator	%
As an Agent for Services Provided by Travel and Tour Operators	%
Total	100%

5. Please provide the percentage (%) split between local and overseas tours (total 100%)

Local Tours	%
Overseas Tours	%
Total	100%

6. Please provide below details of the business' Travel Agency Services:

Activity	%
Travel Agency Services	%
Tour Operator (Excluding Adventure or Sporting Activities)	%
Tour Operator (Adventure or Sporting Activities)	%
Total	100%

8. Does your business engage consultants, sub-contractors, or agents?

No ☐ Yes ☐ If Yes, please advise:

9. If yes to Question 8, please provide responses to all of the below questions:

(a) Do you require all consultants, sub-contractors and agents to carry this own professional indemnity insurance?

Yes ☐ No ☐

(b) Do you agree to enter into any hold-harmless agreements or waive any legal rights or entitlements that you may have against such consultants, subcontractors, or agents?

Yes ☐ No ☐

If Yes to Question 9 (a) or (b) please provide details:

10. Will there significant changes in your activities or are there any major new operations planned for the next twelve (12) months?

No ☐ Yes ☐ If Yes, please advise:

11. Do you issue promotional material (brochures or capability statements) describing your activities or services?

No ☐ Yes ☐ If Yes, please advise:



Part B – Declaration

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /



Contact Us



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